

Most Holy Trinity
Registration for the Sacraments of
First Reconciliation and First Eucharist
2018-2019

PLEASE PRINT ALL INFORMATION

CANDIDATE'S FULL NAME:

(AS IT IS TO APPEAR ON THE CERTIFICATE)

CANDIDATE'S DATE OF BIRTH _____ PLACE OF BIRTH _____

SCHOOL _____ GRADE _____ AGE _____

MOTHER'S FULL NAME: _____

(FIRST)

(MAIDEN)

(LAST)

FATHER'S FULL NAME: _____

(FIRST)

(MIDDLE)

(LAST)

ADDRESS: _____

(STREET, CITY AND ZIP CODE PLEASE)

E-MAIL ADDRESS _____

PHONE (H) _____ CELL _____

Location of child's First Grade religion class _____

***** BAPTISMAL INFORMATION *****

COPY OF THE BAPTISMAL CERTIFICATE MUST BE PROVIDED WITH THIS FORM!

THIS CHILD WAS BAPTIZED INTO THE CATHOLIC CHURCH: YES _____ NO _____

DATE OF BAPTISM _____ BAPTIZING PRIEST'S NAME: _____

NAME OF THE CHURCH OF BAPTISM _____

Address of Church (If Known) _____

Godparents' Names _____

TODAY'S DATE _____ PARENT'S SIGNATURE _____

*****OFFICE USE ONLY *****

Fee paid \$70 _____

BAPTISMAL INFORMATION VERIFIED _____

DATE OF 1ST RECONCILIATION: _____

DATE OF 1ST EUCHARIST: _____