



Holy Spirit Catholic Church

First Reconciliation and Communion Registration 2012-2013

Child's Name: _____
Last First Middle

Address _____
Street City State Zip

Date of Birth: _____ Phone: Home _____ Cell: _____

School: _____ Grade: _____

Date of Baptism: _____ Church of Baptism _____

Address of Church: _____
Street City State Zip

For reception of these sacraments, a copy of your child's Baptismal certificate is required. (Unless your child received the sacrament of Baptism here at Holy Spirit.) Please attach a copy of the Baptismal Certificate to this registration form.

Father's Name: _____ Father's Religion: _____

Father's Work Phone: _____

Mother's First and Maiden Names: _____

Mother's Religion: _____ Mother's Work Phone: _____

Parent with whom the child resides: _____

Note: Your family must be registered, participating members of Holy Spirit Parish in order to receive first sacraments here. Unless in the case of extreme circumstances, when permission from the pastor of your home parish and the pastor of Holy Spirit is granted.

Registration is \$45 total for BOTH sacraments.

For Office Use Only:	
Date Received: _____	Check #: _____
Certificates Received: Baptism _____	