ST. JOSEPH PARISH
FIRST RECONCILIATION/FIRST COMMUNION INFORMATION
2011-2012

Student's Name _____
(Please PRINT in block letters EXACTLY as you would like it to appear on your certificate.)

Student's Current Address_____
street city zip

Please check (√) the sacrament(s) for which you are registering.

____First Reconciliation ____First Communion

NOTE: Information must coincide with the information on the baptism certificate (ex: mother's maiden name.)

INFORMATION FROM BAPTISM CERTIFICATE

Date of Birth _____ City of Birth_____

Date of Baptism _____
(month) (day) (year)

Name of Church Of Baptism _____

Street Address Of Church of Baptism _____

City, State, Zip Of Church of Baptism _____

Father's Name On Baptismal Certificate _____

Mother's Name On Baptismal Certificate _____
First (Maiden) Last

****We are required to verify all baptisms before other sacraments can be celebrated. If baptized at St. Joseph, we can verify baptism through parish records; however it saves time if you attach a copy.* ***If baptized in another parish, please attach a copy of the baptismal certificate to the registration form.*** *If you do not have a copy, it is your responsibility to contact the parish of baptism to obtain one. ****

Verified by _____ ***(Staff person's initials)***