

**REGISTRATION**  
**FIRST SACRAMENTS OF RECONCILIATION AND EUCHARIST**  
**2009-2010**

The parent(s) of \_\_\_\_\_ age \_\_\_\_\_,  
*(print name as you want shown on First Communion certificate)*

would like their child to participate in St. Elizabeth Ann Seton Parish Faith Formation program to assist them with their child's preparation for the Sacraments of Reconciliation and First Holy Communion.

Current Address:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

E-mail address:

\_\_\_\_\_

We are registered at and presently attending: \_\_\_\_\_ Parish

Mother's first and maiden name: \_\_\_\_\_ Faith \_\_\_\_\_

Father's name: \_\_\_\_\_ Faith \_\_\_\_\_

Our child was born at \_\_\_\_\_ on \_\_\_\_\_  
*(City and State) (Month/Day/Year)*

and was **\*\* baptized\*\*** at \_\_\_\_\_ on \_\_\_\_\_  
*(Name of Church) (Month/Day/Year)*

\_\_\_\_\_

*(Church Address: City and State)*

*(Diocese in known)*

***\*\*Regardless of location of baptism, a copy of your child's baptismal certificate is required in addition to this form\*\* Thank you!***

*If you have any questions, please call*

*Bonnie Bezousek*

*Director of Faith Formation*

*644-9718 or e-mail: [bonnie@akseas.net](mailto:bonnie@akseas.net).*

*(For Office records: Received Copy of Baptismal Certificate \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_)*

