

REGISTRATION
FIRST SACRAMENTS OF RECONCILIATION AND EUCHARIST
2010-2011

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

would like their child to participate in Saint Elizabeth Ann Seton 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.

(For Office records: Received Copy of Baptismal Certificate _____ Date _____ Initial _____)

