



REGISTRATION
Saint Elizabeth Ann Seton Catholic Church
SACRAMENTS OF RECONCILIATION AND EUCHARIST
2011-2012

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 or school to assist 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 _____)