

Solemn Holy First Communion

Registration Form

2016-2017

CANDIDATE

LAST NAME CHRISTIAN NAME
DATE OF BIRTH PLACE OF BIRTH
DATE OF BAPTISM CHURCH.....
SCHOOL GRADE

PARENTS

FATHER'S NAME RELIGION
MOTHER'S NAME RELIGION
ADDRESS CITY.....
STATE ZIP..... E-MAIL ADDRESS
HOME PHONE CELL

REGISTRATION FEE \$300

DATE OF REGISTRATION PAYMENT DATE
PAYMENT TYPE – CASH - CHECK #.....