

**St. Andrew Church**  
**Religious Education Office**  
First Reconciliation/ Holy Communion Registration  
2017-2018

Name: \_\_\_\_\_  
                            (First)                                    (Middle)  (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_

(Please include Street, City, State and Zip code)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate # \_\_\_\_\_

*\*Please provide an email address for reminders and information\**

\_\_\_\_\_

**How many consecutive years has your child been attending religious education?** \_\_\_\_\_

Church/ Date of Baptism: \_\_\_\_\_

(You must attach a copy of Baptismal Certificate) \_\_\_\_\_ Please initial

Father's Name: \_\_\_\_\_

                            (First)  (Last)

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

                            (First)  (Last)

Address: \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_ Grade \_\_\_\_\_

Where is your family registered as parishioners? \_\_\_\_\_

(Name of Parish)

Address of Parish \_\_\_\_\_

Phone # of Parish \_\_\_\_\_

\*Baptism verified: (office use only)

\*Parishioner Status verified

Please fill out the reverse side/page 2 to complete the registration