

REGISTRATION FOR FIRST COMMUNION HOLY GHOST CATHOLIC CHURCH

Student Information:

E-MAIL(s): _____

Student: _____
First Middle Last

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

School: _____ #Years Religious Ed. _____

Sex: M F Date of Birth: ____/____/____ Place of Birth: _____
City, State

Church of Baptism: _____

Address: _____ City _____ State ____ Zip _____

Copy of Certificate: Yes No Date of Baptism: ____/____/____

Reconciliation: Holy Ghost Church, in January-date to be determined

****Please indicate which mass you will be receiving the sacrament (Check one) ****

Eucharist: [Holy Ghost Student] Saturday, January 22nd, 2022 at 10am _____

[Parish School of Religion Student] Saturday, February 19th, 2022 at 10am _____

Family Information:

Registered: Yes No

Church Parish: _____ ID# _____

Father's Full Name: _____ Phone: _____
Cell

Mother's Full MAIDEN Name: _____ Phone: _____
Cell

SIBLINGS:

<u>NAMES</u>	<u>AGE/GRADE</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

****This form must be returned with a copy of your child's Baptism Certificate
if not baptized at Holy Ghost Church****