

# FIRST RECONCILIATION REGISTRATION FORM

Please print clearly

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Email Address \_\_\_\_\_

Name of parish where child attending Faith Formation classes if not St. John's:

\_\_\_\_\_

As appears on Baptismal Record:

Mother's Name \_\_\_\_\_  
(first) (maiden) (married)

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

Child baptized in

\_\_\_\_\_

(Church)

City \_\_\_\_\_ State \_\_\_\_\_

\*\*Please list any food allergies \_\_\_\_\_

If your child was baptized at St. John the Baptist, I do not need a certificate. If baptized in another Church please give me the baptismal certificate as soon as possible. If you submitted it when you registered for Faith Formation Classes, I have a record of it.

\*Correspondence will be relayed by email unless otherwise requested