

**REGISTRATION FORM – St. Francis of Assisi Parish**  
**SACRAMENT OF 1<sup>st</sup> RECONCILIATION & 1<sup>st</sup> COMMUNION**

Date: \_\_\_\_\_

FIRST COMMUNICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

(parent's email)

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_ maiden: \_\_\_\_\_

School Child attends: \_\_\_\_\_

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

Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Please choose ONE:

- ☐ My child is age 7 or older and is a practicing member of St. Francis of Assisi Parish.
- ☐ My child is age 7 or older and is a practicing member of another Roman Catholic Church, \_\_\_\_\_ but I would like to speak to someone regarding them having the Sacrament of 1<sup>st</sup> Reconciliation and 1<sup>st</sup> Communion at St. Francis of Assisi Church.
- ☐ My child is age 7 or older and has been baptized into another Christian faith but would like to become Catholic.
- ☐ My child is age 7 or older and has not yet been baptized. We would like to speak to someone regarding this.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of First Communicant