## STS. MARTHA AND MARY PARISH

## FIRST RECONCILIATION & FIRST HOLY COMMUNION REGISTRATION FORM

## **PLEASE PRINT**

Child's Name	Last Name		First Name	Middle Name
☐ Female		Date of Birth:		
Phone#:		Email		
Child's Grade	: 🔲 Gr. 2	☐ Other – Ple	ase Specify	
Father's First	& Last Name:			
Mother's Firs	t & <u>MAIDEN</u> Name:			
Child's Date o	of Baptism:			
Child's Churcl	n of Baptism:			
Full Address o	of Church of Baptisn	n:		
BY SIGNING BE HIM/HER TO S	•	PPORT MY CHILD'S	SPIRITUAL DEVELOP	MENT BY ACCOMPANYING
SIGNATURE		<u>-</u>	PLEASE PRINT NAM	 E