

# SAINT COLUMBA CATHOLIC CHURCH

## First Reconciliation & First Eucharist

Registration Form – 2016-2017

Student's Name: \_\_\_\_\_

(First)

(Middle)

(Last)

Student's Birth Date: \_\_\_\_\_ Birth place (City/State) \_\_\_\_\_

Place of First Grade Religious Education: \_\_\_\_\_

### PARENT CONTACT INFORMATION

Father/Guardian Full Name: \_\_\_\_\_

Mother/Guardian Full Name: \_\_\_\_\_ Maiden (Required): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

### PARISHIONER VALIDATION

Is the communicant a registered parishioner of St. Columba Catholic Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

### BAPTISM VALIDATION (Certificate copy must be included)

Has the communicant been baptized? \_\_\_ Yes \_\_\_ No

Was the communicant baptized in the Catholic Church? \_\_\_ Yes \_\_\_ No

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

*Street Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Students age at First Eucharist (May 6, 2016):* \_\_\_\_\_

Date of Baptism or Profession Faith: \_\_\_\_\_ Copy of certificate included? \_\_\_ Yes \_\_\_ No