

First Reconciliation and First Communion Registration

PARENT'S INFORMATION

Father's Name _____
(First) (Last)

Mother's Name _____
(First) (Last) (Maiden)

Address _____
(Street) (City) (State) (Zip)

Home Phone _____
(Home) (Cell/Work) (Email)

We are registered members of:

___ St. Catherine ___ St. Bernadette ___ OLGH Other _____

CHILD'S INFORMATION

Child's Name _____
(First) (Middle) (Last)

Child's Date of Birth _____ City of Birth _____

*Date of Baptism _____ Church of Baptism _____

Church Address _____

City _____ State _____ Zip _____

**Please submit a copy of the baptismal certificate with this form, unless baptized at St. Catherine, St. Bernadette or OLGH.*

Note: There are no fees for sacramental preparation, however, your child must be enrolled and attending a Catholic school or Christian Formation program the year before and the year of their sacramental preparation. Please contact the NMCP Director of Christian Formation, Lorrie Maples, at 414.365.2020x14, if you have questions or concerns.