



Saint Joseph Parish

2017-2018 First Reconciliation/ First Communion Registration Form

Candidate Information

Full Name (First Middle Last) _____

Birth date: _____ City and State of Birth: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

School: _____ Grade: _____

Date of Baptism: _____ Church: _____

Church Address: _____

If baptized at another church, please submit a copy of the Baptism Certificate.

Parent/Legal Guardian Information

Father or Guardian Name: _____

Street Address: _____ City: _____ Zip: _____
(If different from Candidate)

Cell Phone: _____ Religion: _____

Mother or Guardian Name: _____ Maiden: _____

Street Address: _____ City: _____ Zip: _____
(If different from Candidate)

Cell Phone: _____ Religion: _____

Parents email: _____

Is the family registered at St. Joseph Church? ____ Yes ____ No

Siblings: _____

Please return this form and registration fee of \$30.00 to:

St. Joseph Parish School, 1909 3rd Street, Cuyahoga Falls, Ohio 44221 Attn: 1st Communion

St. Joseph Parish, Office of Religious Education, 215 Falls Ave, Cuyahoga Falls, Ohio 44221.

For Office Use Only: Baptismal Certificate received from "other" parish? YES ____ NO ____

Payment: Date: _____ Cash: _____ Check #: _____