

St. Rose of Lima Adaptive RE

Reconciliation/First Communion registration form



Child's
Last Name: _____

Child's First
Name: _____

Child's Middle
Name: _____

Date of Birth : _____

City & State of
Birth: _____

Home Street
Address: _____

City, ST, ZIP

Home Phone: _____

Parent E-Mail: _____

Father's Full
Name: _____

Mother's Full
Name: _____

Mother's
Maiden Name: _____

Sacraments to receive: Reconciliation/First Communion

Date of your child's Baptism: _____

Was your child baptized at St Rose? Yes No

If not,
Name of Church of Baptism _____

City/state of Church _____

Was this a Roman Catholic Church? Yes No

If not, what denomination was the Church of Baptism? _____

IMPORTANT: If your child was not baptized at St Rose, please submit a copy of your child's Baptism certificate with this form. A copy can be obtained by calling the Church of Baptism.

Please Return no later than December 1st 2018