

OUR SAVIOUR'S CATHOLIC COMMUNITY

First Reconciliation/First Communion Registration 2010/2011

(Please return to the parish office marked "Attn: Religious Education" by Oct. 1, 2010)

CANDIDATE INFORMATION:

NAME of student:	(first)	(middle)		(last)
CURRENT ADDRESS:	(street)	(city)		(zip)
ADDRESS of parent or guardian if different from candidate's address	(street)	(city)		(zip)
FATHER'S NAME:	(first)	(middle)		(last)
MOTHER'S NAME: <i>Be sure to include mother's maiden name.</i>	(first)	<i>(maiden name)</i>		(last)
Home Phone:	Father Wk/Cell:		Mother Wk/Cell:	
Preferred E-MAIL ADDRESS for family:				
Student's DATE OF BIRTH:	Student's PLACE OF BIRTH:			
CHURCH OF BAPTISM:				
ADDRESS of CHURCH OF BAPTISM:	(Street)	(city)		(zip)
DATE OF BAPTISM:				
<p>Note: If your child was baptized somewhere other than Our Saviour's, you must submit a copy of his/her baptismal certificate <u>by Oct.1</u>. If Baptized at Our Saviour's, a copy of the certificate is <i>not</i> required, however this form must be completed and returned by everyone.</p>				

For office use only:

Baptismal certificate received : Yes No

Attendance requirement met: Yes No