

**HOLY SPIRIT CATHOLIC CHURCH
REGISTRATION**

for
**Sacramental Preparation of
First Reconciliation (Confession) and First Eucharist (Communion)
2010-2011**

Family Last Name* _____
(* please include child's last name if different than family's)

Preferred Email address _____

Child's First Name _____

Father's Name _____

Mother's First & Maiden Name _____

Address _____

City/Zip _____

Phone _____ **Alt. Phone/cell** _____

Child's Date of Birth _____

Child's School _____

Child's Baptism:

(If possible, please bring a copy of the baptismal certificate with you, or complete the information below)

Date _____ **Church** _____

Address _____

City/State/Zip _____

Location where child completed K and or 1st grade Religious Education:

Any special info you feel we need to help your child prepare for First Sacraments:

Office Use:

Date Recv'd _____ Bapt. Cert. Y N if no, Baptized HSCC Y N