

Eucharist Registration Form 2010

Child's Name* _____

Father's Name* _____

Mother's Maiden Name* _____

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

Home Phone _____ Cell: _____ Work _____

E-mail address _____

Child lives with: _____

Is there an additional name & address to send information?:

Does this parent know that this child is preparing for First Eucharist?

Place of Birth* _____ Date _____
(City & State)

Place of Baptism* _____
(Church) (City & State)

EXACT Date*: _____ (copy of certificate required)

Does Your Child Attend Mass weekly? Yes No

My Child has one full year of previous religious instruction and is currently attending O.L.O.S. Religious Education classes, St. Mary's School, or Cardinal Hickey Academy, or formal home school Yes No

Child's Age at date of First Eucharist, March 27, 2010 _____

How do you want your child's name to appear on the First Eucharist certificate?

(Please Print) _____

Parent signature _____

**This information will be transcribed into the Official Church Register and must be accurate and true.*

Would your child be interested in reading at the group First Communion Mass on March 28, 2010? Yes No

Is there another family in the First Communion class you would like to sit with?

Name: _____

The following friends or family members would like to serve as

Altar Servers _____

Lector _____

Eucharistic Minister _____