

**First Reconciliation/Eucharist Registration Form
St Mary Magdalene Catholic Church
2015-2016**

****Child's name _____ Date of birth _____**
****PLEASE PRINT the name of your child legibly this is how it will appear on their Certificate****

Place of birth (city/state/country) _____

Age Child will be as of First Communion 5/1/15 _____

Is a Copy of the Baptismal Certificate on file at St. Mary Magdalene Y/ N

If not, was the communicant baptized in the Catholic Church Y/N at SMM

If not at SMM, please list parish name, city, state and date of baptism _____

Parent Contact Information:

Street Address: _____ City _____

State: _____ Zip: _____ Telephone: _____

Father/Guardian Full Name: _____

Mother/Guardian Full Name(including maiden): _____

Email: _____ (please print)

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(Office Use Only)

Sacramental Fee Paid _____ (\$50.00) Catechist _____

Reconciliation Journal Completed _____ date _____

Penance Book Completed _____ date _____

Eucharist Book Completed _____ date _____

Certificate done _____

Sacrament received on _____

