Reconciliation/1st Eucharist Registration Form St Mary Magdalene Catholic Church 2010-2011

Child's name	Date of birth how it will appear on their Certificate ^{}
Place of birth (city/state/country)	
Is the communicant's family a registered parishioner at St. Ma	ary Magdalene Y/ N
Is a Copy of the Baptismal Certificate on file at St. Mary Magdalene Y/ N	
Was the communicant baptized in the Catholic Church	Y/N at SMM
If not at SMM, please list parish, including address and date of baptism	
Years in St. Mary Magdalene's Faith Formation Program	
Has the child completed any previous religious education	Y/ N
If yes please state where:	
What grades:	
This child has received the following sacraments: (Please check the applicable Sacraments)	
BaptismReconciliationFirst Communion	
Parent Contact Information:	
Father/Guardian Full Name:	
Mother/Guardian Full Name(including maiden):	
Street Address:	City
State: Zip: Telepho	one:
Email:	(please print)
(Office Use Only)	
Sacramental Fee Paid(\$45.00) Cate	echist
Check/Date Penance Book Completed date	
Eucharist Book Completed date	
Certificate done	
Sacrament received on	