

**First Reconciliation/Eucharist Registration Form  
St Mary Magdalene Catholic Church  
2014.2015**

**\*\*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 5/4/14** \_\_\_\_\_

**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** \_\_\_\_\_

