

HOLY SPIRIT PARISH - REGISTRATION FOR SACRAMENTS

First Reconciliation
 Confirmation
 First Eucharist

Please print clearly in UPPERCASE LETTERS and indicate any allergies:			
Child's First Name		Child's Middle Name/s	
Child's Last Name			
Date of Birth:		Age:	Gender:
School Attending:			Grade:
Mother's Name:		Mother's Maiden Name:	
Father's First Name:		Father's Last Name:	
ADDRESS	Street:	City:	Postal Code:
Mother's Contact Details	H Phone:	W Phone:	Email:
Father's Contact Details	H Phone:	W Phone:	Email:
Child's Parish of Baptism:		City/Prov:	Country:
Date of Baptism:		Tel./Email/Address of Parish:	
Confirmation Sponsor's Name:			

Are you registered at Holy Spirit Parish?	YES	NO	I PLAN TO REGISTER
If not yet, what is your present parish?			
Will you allow photos of your child to be published as specified below?			
Parish Bulletin: YES___ NO___ Website: YES___ NO___ Holy Spirit Facebook: YES___ NO___			

Please provide a copy of your child's Baptism certificate with this registration form.

I am willing to help with Sacramental Preparation (Name) _____

Office use only:
 Baptism certificate received _____
 Books Given out: _____
 Materials Fees:
 \$20 Reconciliation _____
 \$20 Confirmation _____