

HOLY SPIRIT PARISH - REGISTRATION FOR SACRAMENTS

First Reconciliation
 Confirmation
 First Eucharist

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|--|----------|-------------------------------|--------------|
| 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: | | | |

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|--|-----|----|--------------------|
| 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 _____