

HOLY SPIRIT PARISH—REGISTRATION FOR SACRAMENTS

First Reconciliation	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>
First Holy Communion	<input type="checkbox"/>

Please select the Sacraments you wish your child to receive

[PLEASE PRINT CLEARLY IN UPPERCASE LETTERS]

Child's Last Name	Child's First Name	Child's Middle Name
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Date of Birth: _____ **Age:** _____ **Grade:** _____ **School:** _____
Day Month Year

CHILD'S BAPTISM

Date: _____ **Name of Parish:** _____

Address: _____ **City/Prov.** _____ **Country:** _____

Phone: _____ **Parish Email:** _____

Mother

First Name: _____ Maiden Name: _____ Religion: _____

Cell Phone: _____ Email: _____

Father

First Name: _____ Last Name: _____ Religion: _____

Cell Phone: _____ Email: _____

Family Home Address

_____ Home Phone _____

Are you registered at Holy Spirit Parish? ____ If not, present parish _____

Your child's Baptism Certificate MUST be submitted with this registration form.

Office use only:

Baptism certificate received ____ \$20 Reconciliation Book, etc. ____ \$20 Confirmation Book, etc.: ____