

STM First Communion Registration

Name of First Communion Candidate							
Age		Date of Birth		Grade		School	

Baptism Date		Parish/City of Baptism	
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Note: Copy of Baptismal Certificate required to receive Sacraments of Reconciliation and Communion

Father's Name	
Mother's Name	
Street Address	
City/State/Zip Code	

Father's Religion		Mother's Religion	
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Father/Mother Name	Phone Number	Email (one required for online access to Chosen materials in English for Candidate)

Preferred Method of Communication: Text or Email or Phone Call

Preferred Language of Communication: English or Spanish

Emergency Contact Name	
Relationship	
Address	
Phone Number	
Email	