



The Parish of Saint Catherine of Siena Religious Education

First Holy Communion Registration Due: December 7, 2022

Candidate Name: _____
Last First Middle
(please provide the candidates full and complete legal name, no nicknames)

Date of Birth: _____ City of Birth: _____ Zip Code: _____

Home Address: _____
Street

City, State, ZIP Phone

Father's Name: _____
Last First Middle
(please provide the Biological Father's full and complete legal name)

Mother's Maiden Name: _____
Last First Middle
(please provide the Biological Mother's full and complete maiden name)

Please Circle: Religious Education Student SCSS Student

Parish: My family is registered at St. Catherine of Siena Parish.
If not, please list parish where family is registered.

Parish Name, City/State

Baptism: Yes, my child was baptized at St. Catherine of Siena Parish.
If no, his/her Baptismal Certificate is required.

Date of Baptism: _____ Name of Church: _____

Address of Church: _____
Street, City, State, ZIP