



First Reconciliation & First Communion Registration and Information Form

Form must be fully completed.

Child's Full Name _____
(Last) (First) (Middle)

Date of Birth _____ Birth City & State _____

Religious Class Attending: _____ Time: _____
(St. Columbkille School, Summer Program, Monday or Wednesday 9 month Program)

Church of Baptism _____ Baptism Date _____

Church Address _____
(Street) (City) (State) (Zip)

Father's Name _____
(Last) (First) (Middle)

Mother's Name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Street) (City) (State) (Zip)

Phone _____ E-mail Address: _____
(Home)

Was your child baptized at St. Columbkille?

_____ No (We **must** have a copy of your child's Baptismal Certificate submitted to RE Office.)

_____ Yes (We do not need a copy of the Baptismal Certificate.)

A \$25 Sacramental Fee is due at this time. Please make checks payable to St. Columbkille RE.