

St. Columbkille Parish

2017-2018

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: _____ St. Columbkille 5 Day School
_____ RCIC First Communion
_____ RE Summer Program
_____ RE 9 Month Program: Mon _____ Wed _____

Was your family in the military at the time of your child's baptism? Yes _____ No _____

My child was baptized at:

_____ St. Columbkille Catholic Church, 200 E 6th St, Papillion, NE 68046 Date _____

OR

Church of 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)

*If your child was not baptized at St. Columbkille, we **must** have a copy of your child's Baptismal Certificate submitted to the RE office.*

A \$25.00 Sacramental Fee is due at this time. Please make checks payable to St. Columbkille RE.