

FOR OFFICE USE ONLY

DATE _____

AMT _____

CK # _____

BY: _____

SAINT CLEMENT MARY HOFBAUER CHURCH

Materials Fee \$60 -- First Reconciliation/Eucharist Registration

*****Payment AND Child's Baptism Certificate must accompany this form.**

*****Child must attend catholic school OR have attended at least 2 years of religious education (including sacramental year).**

Date _____

Child's FULL Name _____
First Middle Last

Address _____

City State Zip

Home Phone _____

Cell Phone _____

Current school and grade when form is sent in
School _____ Grade _____

Date of Birth _____ mm/dd/yy Birth Place _____ City, State/Providence, Country

Baptized _____ Church _____ mm/dd/yy
Church of Baptism City/State/ Country

Father's Name _____ Religion _____
As it appears on baptismal certificate

Mother's FULL Maiden Name _____ Religion _____
As it appears on baptismal certificate

Parent's Email _____
All further communication will be sent via email.

At what church is your family registered? _____
If not St. Clement's, provide letter from your pastor.