



SAINT BRIGID ROMAN CATHOLIC CHURCH
First Reconciliation & First Communion
Registration Form – 2019/2020

Student's Name: _____
(First) (Middle) (Last)

Student's Birth Date: _____ Birth place (City/State) _____

Place of First Grade Religious Education: _____

Allergy information relevant to First Communion: _____

PARENT CONTACT INFORMATION

Father/Guardian Full Name: _____

Mother/Guardian Full Name: _____ Maiden (Required): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

PARENT/GUARDIAN SIGNATURE: _____

PARISHIONER VALIDATION

Is the communicant a registered parishioner of St. Brigid Catholic Church? _____ Yes _____ No

Required for non-parishioners: \$20 processing fee and letter from your Pastor granting permission.

BAPTISM VALIDATION (Certificate copy must be included)

Is a copy of the Baptismal Certificate on file at St. Brigid Catholic Church? _____ Yes _____ No

Was the communicant baptized in the Catholic Church? _____ Yes _____ No

If not baptized in the Catholic Church, was a Profession of Faith made? _____ Yes _____ No

Church of Baptism: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Baptism or Profession Faith: _____ Copy of certificate included? _____ Yes _____ No

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