

Bap. Cert. _____
Sacramental fees _____

FIRST RECONCILIATION AND FIRST EUCHARIST REGISTRATION 2011

CHILD'S FULL NAME _____

SCHOOL _____ GRADE _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

PARISH WHERE BAPTIZED _____

DATE OF BAPTISM _____

PARISH ADDRESS _____

(City, State, Zip Code)

FULL NAME OF FATHER _____

Cell Phone (____) _____

FULL NAME OF MOTHER _____

(Include maiden name)

Cell Phone (____) _____

HOME ADDRESS _____

ZIP _____

HOME TELEPHONE NO.(____) _____

ARE YOU A REGISTERED MEMBER OF SAN JOSE PARISH? YES _____ NO _____

IF NO, IN WHAT PARISH ARE YOU REGISTERED _____

PLEASE RETURN A COPY OF THE BAPTISMAL CERTIFICATE WITH THIS FORM,

IF THERE IS NOT A COPY ON RECORD IN THE SCHOOL OR PARISH OFFICE

NO LATER THAN DECEMBER 7, 2011

THANK YOU