

Bap. Cert. \_\_\_\_\_

**FIRST RECONCILIATION /FIRST EUCHARIST REGISTRATION 2020-2021**

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.(\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

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

PARISH I.D.# \_\_\_\_\_

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

**NO LATER THAN December 11, 2020  
THANK YOU**