



**SAN JOSE**  
CATHOLIC CHURCH & SCHOOL

**FIRST RECONCILIATION /FIRST EUCHARIST REGISTRATION 2021-2022**

**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** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

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

**PLEASE RETURN A COPY OF THE BAPTISMAL CERTIFICATE**  
**WITH THIS FORM NO LATER THAN:**  
**OCOTBER 1, 2021**