St. André Bessette Parish
First Holy Communion Registration Form

Please complete this form and return it to the parish along with your registration fee.

☐ Bap. Cert. ☐ Reg. Fee
☐ Assignment 1
☐ Assignment 2

☐ Passport 1
☐ Passport 2

Child's Information

Full Legal Name of Child (as noted on Baptism Certificate):

_____
First Name Middle Name(s) Last Name

☐Female ☐ Male Date of Birth: _____ City of Birth: _____
YYYY / MM / DD

Church of Baptism: _____ Date of Baptism: _____
YYYY / MM / DD

Address of Baptismal Church: _____

Parent's Information

Mother (Full legal name & maiden name):

_____
First Name Middle Name(s) Last Name (Maiden Name)

Religion: ☐ Roman Catholic Other: _____ ☐ None

Present Address: _____
Street City Postal Code

Phone: ☐ Cell ☐ Home ☐ Work Email: ☐ Home ☐ Work

_____ _____@_____

☐ I am a parent of, or have legal custody of the child.

Father (Full legal name):

_____
First Name Middle Name(s) Last Name

Religion: ☐ Roman Catholic Other: _____ ☐ None

Present Address: _____
Street City Postal Code

Phone: ☐ Cell ☐ Home ☐ Work Email: ☐ Home ☐ Work

_____ _____@_____

☐ I am a parent of, or have legal custody of the child.

Declaration

I, the undersigned, declare that the information on this form is true and accurate.

Name (Please print) _____

Signature: _____ Date: _____