



First Confession/ First Holy Communion Registration

Today's Date: _____

Child's Full Name: _____ M F

Date of Birth: _____

Church of Baptism: _____ Date: _____

Address of Church: _____

**** If baptism was not at All Saints Parish, please obtain and email or mail a newly issued certificate from the parish of baptism to the Faith Formation Coordinator at All Saints.**

Mother's Full Maiden Name: _____

Father's Name: _____

Home Address: _____

City, State, Zip: _____

Best E-Mail: _____ Alternate E-Mail: _____

Cell Phone #: _____ Alternate Phone #: _____

Parents: Are you active and registered members of All Saints Parish? Yes No

Students: Are you committed to attending Mass every week? Yes No

Are you committed to a serious formation of your spiritual and academic faith? Yes No

Pictures of the Faith Formation sessions and activities occasionally appear on the parish website. Please let us know, in writing, if you do not want your child's picture to appear. Otherwise, registering your child grants permission for your child's photo to be used.

-----*For Office Use Only*-----

Baptism Verified (Location: _____)

First Penance Date & Time: _____ Priest: _____

First Eucharist Date & Time: _____ Priest: _____

Donation Received Amount: \$ _____ Cash Check Number: _____

Recorded in parish sacramental book

Recorded in Parish Soft