

**CCD____, CONFIRMATION____, RCIA _____
REGISTRATION**

2020 - 2021

Name of Student: _____

Date of Birth: _____ Grade: _____

School Attending: _____

Parent / Guardian: _____

Mailing Address:

E-mail Address: _____ Phone: _____

Baptized: Yes ___ No ___ First Reconciliation: Yes ___ No ___

If so, where?

First Communion: Yes ___ No ___

If so, where?

**ALL WHO WILL RECEIVE FIRST COMMUNION OR CONFIRMATION
THIS YEAR NEED TO ATTACH A COPY OF HIS/HER BAPTISMAL
CERTIFICATE. IF YOU DO NOT HAVE A COPY OF YOUR CERTIFICATE,
SEE BELOW:**

Name of Church where child was baptized: _____

Location of Church where child was baptized: _____
City State

Approximate date of baptism: _____