

**St. Andrew the Apostle Roman Catholic Church**  
**First Reconciliation & First Eucharist Registration**

FOR OFFICE USE ONLY

Copy of Baptismal Certificate \_\_\_\_\_  
Entered in PS \_\_\_\_\_  
Paid in Full \_\_\_\_\_  
Check # \_\_\_\_\_

**Student's Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student's birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex [ ] Male [ ] Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Best Contact Phone Number (\_\_\_\_) \_\_\_\_\_

Family E-Mail Address (please print) \_\_\_\_\_

School attending \_\_\_\_\_ Grade level for 2014-15 school year \_\_\_\_\_

**Faith Formation (CCD, Catholic School, etc.)**

If not attending a Catholic School, name of CCD program he or she is attending \_\_\_\_\_

Name of program(s) attended and date(s) \_\_\_\_\_

Total years of Catholic Instruction (Catholic schools or CCD programs) \_\_\_\_\_

Has student received the Sacrament of Baptism? Yes \_\_\_\_ No \_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

**Family Information**

Mother's name (including maiden) \_\_\_\_\_ Religion \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Address if different from above \_\_\_\_\_

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Address if different from above \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_

(Please fill out reverse side)

Is your family registered in St. Andrew the Apostle Parish? \_\_\_\_ Yes \_\_\_\_ No\*

If no, in what parish are you currently enrolled as parishioners? \_\_\_\_\_

\*All families seeking to enroll in St. Andrew the Apostle Parish Sacramental Preparation programs must be registered in our parish, or have a letter granting permission for your child to receive the Sacraments of Reconciliation and First Eucharist in St. Andrew Parish.

### **Godparents Contact Information**

1) Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

2) Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

### **Grandparents Contact Information**

1) Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

2) Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

### **In order for registration to be complete we require the following:**

- Registration form completed in full.
- Copy of the candidate's Baptismal Certificate
- Check or money order made out to St. Andrew in the amount of \$80.00.
- Family enrollment in St. Andrew the Apostle Parish, or letter of permission.

