

FIRST COMMUNION PREPARATION REGISTRATION 2011-2013

For Children Ages 6-13 at St. Hedwig Church

This completed form is to be turned in to the Family Life Ministries Office

→→ A copy of the child's baptism certificate is required for registration in this process
(including baptisms received at St. Hedwig Church)

Date _____

Student's Name _____ (circle one) M F

→→→→→→→→ (Print name as you wish it to be shown on certificates)

Birth Date _____

School _____ Grade in Fall 2011 _____

Home Street Address _____

City _____ Zip Code _____

Home Phone (_____) _____ Contact Cell Phone (_____) _____

Best email address to contact the family (Please print legibly) _____

Please add our email address to your address book: flm@sainthedwigparish.org

It is your responsibility to notify the FLM Office anytime your email address, or other personal information, changes during the year. Your email address is for FLM Office use only and will not be shared.

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name _____

Marital Status: (circle) Married Divorced Remarried Widowed Single

With whom does child reside: _____

Legal Guardian's Name (if other than parent)

Date of Baptism _____

Name of Church where child was baptized _____

Church Street Address _____

Church City and State _____ Zip Code _____ Country _____

Church Phone (_____) _____

FOR OFFICE USE ONLY: _____ _____
--