

# First Holy Communion Registration

1. Complete the Registration Form.
2. Attach a recent copy of the candidate's Baptismal Certificate (if *not* baptized at St. John's in Fort Pierre).
3. Return Registration Form and Baptismal Certificate to Pastor or Church Office.

*St. John the Evangelist*  
*PO Box 670*  
*206 West Main Avenue*  
*Fort Pierre, SD 57532-0670*  
Ph. 605-223-2176  
FAX 605-223-2805  
[www.StJohnsFortPierre.org](http://www.StJohnsFortPierre.org)

**CHILD'S INFORMATION:** DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
PO BOX/STREET CITY STATE ZIP

GRADE IN FALL 2009: \_\_\_\_\_ SCHOOL IN FALL 2009: \_\_\_\_\_

DATE OF FIRST HOLY COMMUNION: SUNDAY, MAY 2, 2010 AT 9:30 AM MASS

**CHILD'S SACRAMENTAL INFORMATION** (PLEASE ATTACH A RECENT BAPTISMAL CERTIFICATE—WITHIN 6 MONTHS)

PARISH OF BAPTISM: \_\_\_\_\_  
NAME OF PARISH CITY STATE ZIP

DATE OF BAPTISM: \_\_\_\_\_

## PARENT INFORMATION

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST CATHOLIC Y/N

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMERGENCY USE ONLY

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN) CATHOLIC Y/N

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMERGENCY USE ONLY

EMAIL ADDRESS: \_\_\_\_\_

I HAVE READ THE HANDOUT "PREPARATION FOR FIRST HOLY COMMUNION" AND I HAVE REVIEWED THE SCHEDULE WHICH INCLUDES 9 SESSIONS FOR PARENTS AND CHILDREN ON WEDNESDAY EVENINGS. I UNDERSTAND AND ACCEPT THESE RESPONSIBILITIES AND I AM READY TO BEGIN PREPARING MY CHILD FOR THE SACRAMENT OF FIRST RECONCILIATION AND HOLY COMMUNION.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE