



HOLY CROSS PARISH

DATE: _____

Sacrament Registration: First Reconciliation

Full name of Candidate: _____ Gender: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ Place of Birth: _____
(Day) (Month) (Year)

School: _____ Grade: _____

Church and City of Baptism: _____ Date of Baptism: ____/____/____
(Day) (Month) (Year)

Current Parish: _____

***** If candidate was baptized in a church other than Holy Cross;
A copy of the baptism certificate **must** be supplied at the time of registration. *****

Father:

Name: _____

Faith: _____ Phone # Home: _____ Work: _____

Parent email address: _____

Address/Postal Code: _____

Mother:

Name: _____

Maiden Name: _____ Faith: _____

Parent email address: _____

Phone # Home: _____ Work: _____

Address/Postal Code: _____

Married: Yes ___ Church of marriage _____

Single ___ Separated ___ Divorced ___

Office Use:
\$30 Fee Paid: _____

Please ensure that your child's legal name is written on this form, as it is to appear in our official records. Please return to the office with the fee.