

Office Use Only: Check # _____ Amount: \$ _____ Date Received: ____/____/2010

Registration Form for the Sacrament of
Reconciliation & First Eucharist

PLEASE RETURN THIS FORM BY OCTOBER 1, 2010

Please print

Child's Name: _____

Date of Birth: _____ Date of Baptism: _____

Parish of Baptism: _____

(copy of Baptismal Certificate required even if child is baptized at St. James)

City, State of Baptismal Parish: _____

Please Note: If we do not receive a copy of your child's Baptismal Certificate, your child will automatically be wait-listed. Sorry, no exceptions.

Mother's Name: _____ (including Maiden Name)

Father's Name: _____

Home Phone Number: () _____ Cell Phone: () _____

Family e-mail address: _____ (please print)

(e-mail address is required: **all information** will be sent electronically)

First Choice: Mass Date: _____ **Time:** _____

Second Choice: Mass Date: _____ **Time:** _____

Parent/ Guardian Signature: _____

We have enclosed a payment for \$60.00 Payable to **Saint James Parish.**