SAINT MICHAEL PARISH FIRST RECONCILIATION AND EUCHARIST REGISTRATION AND PERMANENT RECORD FORM

Please **PRINT** all information legibly

| CHILD'S NAME | (Please PRINT your child's full name) |
|-----------------------|---|
| | BIRTH |
| DATE & PARISH OF | CHILD'S BAPTISM |
| | (Please provide a copy of the certificate if not already on file) |
| FATHER'S FULL NA | ME |
| MOTHER'S FULL N | AME |
| MOTHER'S MAIDEN | N NAME |
| permission to partici | nsically linked to the life of the parish community. No family will be given pate in or receive any sacrament outside Saint Michael Parish. This includes any in a Catholic School. |
| REGISTRAT | TION FORM IS DUE TO Marcy Fessler BY <u>October 19, 2025</u> |
| | Office use only Date and time of Eucharist: |