

First Reconciliation and First Communion
Registration 2016 - 2017
Due November 17, 2016

Questions? Please contact Sheila Noble at snoble@stfrncis.org

Child's Information

First	Middle	Last
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Date of Birth _____ Place of Birth _____
City, State _____

Date of Baptism**: _____ Name of Church: _____

Church Address:

Street	City	State/Zip
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**** A copy of the baptismal certificate must accompany this form.**

You can request a copy of the baptismal certificate from the parish of baptism by mail or phone. They can usually FAX a copy to our parish office. The Parish FAX number is 703 221-3246

Parent Information

Mother's Full Maiden (unmarried) Name: _____

Father's Full Name: _____

Home Address:

Street	City	State/Zip
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Home Phone: () _____

Cell Phone: () _____

Parent Email: _____