

St. Joan of Arc Parish
First Reconciliation/First Eucharist Registration Form
2016-2017

Are you a registered member of St. Joan of Arc Parish? _____

If not, where are you registered? _____

Father's Full Name _____

Mother's *Full Name _____
***(Include Maiden Name)**

Address: _____
 Number – Street City State Zip

Phone : _____
 Home Cell Email

Child's Name: _____
 First Middle Last

Child's Age: ____ Date of Birth _____ Place of Birth _____
 City State

Date of Baptism: _____ Church of Baptism _____
 City State

Fee: There is a **\$60.00 sacramental fee**. This fee helps defray the cost of First Reconciliation/Eucharist Parent-Child books, materials, and Jesus Day. Make checks payable to St. Joan of Arc.

Check enclosed _____ Cash enclosed _____

Please return this form to Sr. Judy in the Office of Faith Formation by **November 14, 2016.

Thank you for your cooperation!

Office Use Only
_____Baptism verified
_____Sacramental Fee
_____Check #
_____Date

THE *ORIGINAL OR PHOTOCOPY OF BAPTISMAL CERTIFICATE MUST BE ATTACHED, IF NOT ALREADY SUBMITTED TO THE OFFICE OF FAITH FORMATION.
You must attach the *original or photocopy of your child's Baptismal certificate, <u>even if your child was baptized at St. Joan of Arc Parish.</u>