



# Registration Form Reconciliation and 1st Communion



## Cathedral of St. Peter-in-Chains

Child's name: \_\_\_\_\_  
Last Name First Name (As shown on official documents.)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parish: \_\_\_\_\_ School: \_\_\_\_\_

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish\* of Baptism: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*PLEASE RETURN THIS COMPLETED FORM TOGETHER WITH A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE**

\*(Note: If your child was baptized in the Cathedral Parish, the parish will verify the baptismal record and a copy of the Baptismal certificate is not necessary.)

**Also, we ask for \$50 per child to help offset the costs of materials**  
(please speak to the priest if this is a hardship)

Parish Office Use:

Certificate Verified: Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitted Baptismal Certificate

Attended Meeting

\$50 program fee paid

Other \_\_\_\_\_