

Saint Cecilia Parish

BAINBRIDGE ISLAND



First Sacraments Registration

(Reconciliation and Communion)

Name of Child _____
First Middle Last Date of Birth

My child needs to prepare for the sacraments of: Reconciliation First Communion Both

My child was baptized: at St. Cecilia Catholic Church Other (please provide copy of baptism certificate)

Registered at St. Cecilia Parish: Yes No Permission From Home Parish Needed? Yes No

Father's Name : _____

Mother's Name _____

Home Address _____

Preferred Phone/Email for communication with parents:

Primary Contact

Mother's Phone _____ Email Address _____

Father's Phone _____ Email Address _____

Questions? Barbara Shields
Pastoral Assistant for Faith Formation
faithformation@saintcparish.org
206-842-3594

FOR OFFICE USE ONLY:

Payment Rec'd: \$ _____

1st Rec Date _____ PDS

1st Comm Date _____ PDS

Recorded _____

Notification Made