

Sacramental Registration Form 2023-2024

First Reconciliation and First Eucharist
and/or
Confirmation

Church of the Resurrection and St. Michael Parishes



Form 1

Parish of Membership: ___ Church of the Resurrection ___ St. Michael Parish Other: _____

Father _____

First Name

Last Name

Cell Phone

Religion

Mother _____

First Name

Last Name

Cell Phone

Religion

Mother's Maiden Name: _____

Current email address is required. Email will be the primary communication method for the program.

*E-Mail for Family _____

Primary Family Phone Number: _____ **High School Teen Phone #:** _____

Emergency phone number: _____ Emergency Phone Description: _____

Mailing Address _____

Street

City, State

Zip Code

Child(rens) name(s) Enrolling in Sacramental Preparation	Date of Birth (mm/dd/yy)	Gender (M/F)	First Reconciliation & Eucharist (FRE) Or Confirmation (CONF)
1)			
2)			

Required Baptism Information:

(If your child was NOT baptized at one of our Eastside Parishes, please provide a copy of their baptismal certificate.)

Parish of Baptism: _____ Date of Baptism, if known: _____

City and State: _____