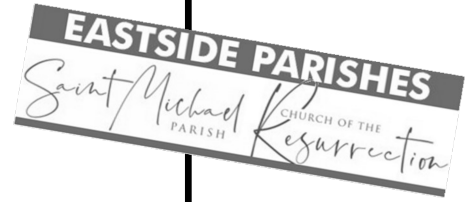


# Sacramental Registration Form 2024-2025

First Reconciliation & First Eucharist  
and/or  
Confirmation

Church of the Resurrection and St. Michael Parishes



Father \_\_\_\_\_

*First Name*

*Last Name*

*Cell Phone*

*Religion*

Mother \_\_\_\_\_

*First Name*

*Last Name*

*Cell Phone*

*Religion*

Mother's Maiden Name: \_\_\_\_\_ Teen's Phone # \_\_\_\_\_

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

\*E-Mail for Family \_\_\_\_\_

Primary Family Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

Please save a copy of completed form and email to [faithform@eastsideparishes.org](mailto:faithform@eastsideparishes.org)