



ST. MARTHA CATHOLIC CHURCH
RECONCILIATION/FIRST COMMUNION REGISTRATION FORM

Name of First Communicant: _____ **Gender:** M F

Date of Birth: _____ **Place of Birth (City & State):** _____

Date of Baptism: _____ **Certificate received:** _____

Church of Baptism: _____

Address: _____

Father's Name: _____ **Religion:** _____

Mother's Name: _____ **Religion:** _____

Local Address: _____

City, State and Zip code _____

Telephones: (home) _____ (work) _____ (cel) _____

Family Email Address: _____

Registered at St. Martha Parish? Yes No

If no, name & address of your church: _____

FOR OFFICE USE ONLY

Date of Reconciliation/First Communion: _____ **By:** _____

Entered in Registry by: _____ **Date** _____ **Volume #:** _____ **Page #** _____ **Row #:** _____