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St. John Vianney First Eucharist/Reconciliation Registration 2010-11

Name: _____
First Middle Last

Address: _____

City: _____ Zip _____

Phone # _____

Place of Birth: _____
City State

Date of Birth _____/_____/_____
Month day year

Age of child by date of First Eucharist (May 1st) _____

Place of Baptism: _____
Church

_____
City State

Date of Baptism: _____

(if your child was Baptized here at St. John Vianney you <u>do not need</u> to attach a copy of your child's Baptismal Certificate. If they were not Baptized here, we will need a COPY of their certificate before they receive their First Eucharist)

Father's Name: _____
First Last

Mother's Name: _____
First Last Maiden

e-mail address: _____

Fee of $60.00 for First Reconciliation/First Eucharist supply fee