

**ST. MARY'S VISITATION PARISH
FIRST RECONCILIATION AND FIRST HOLY COMMUNION
REGISTRATION FORM '17-'18**

Child's full name: _____
(first) (middle) (last)

Birth Date: _____

Father's full name: _____

Mother's full **maiden** name: _____

Phone: _____ Email: _____

Address: _____

Member of: St. Mary's Visitation _____ Other _____

Baptismal Certificate: The parish needs a record of your child's Baptism. Please provide a copy of your child's baptismal certificate. If you cannot find a copy of your child's certificate, please contact the parish where he/she was baptized and ask them to mail or fax a copy to St. Mary's Visitation Parish 262.782.0677. If you don't have your certificate and your child was baptized at St. Mary's, we can look up his/her baptismal record. Please indicate the month and year he/she was baptized below.

My child was baptized at St. Mary's in _____
(month/year)

Fee: \$55 per child for the Sacramental year (Please contact the Catholic Formation Office, if you need to discuss payment options). (262) 782-4575 x108 or eharrison@stmaryeg.org

Fill out - Mail or drop-off Registration, Baptismal Certificate and Payment to:
St. Mary's Visitation Parish
Attn: Chris Kinzy
1260 Church Street
Elm Grove, WI 53122

Registration Due on or before September 29th, 2017

Office use only:

Date _____ Amount Paid _____ CK# _____ Cash _____