

**ST. MARY'S VISITATION PARISH
FIRST RECONCILIATION AND FIRST EUCHARIST
REGISTRATION FORM 2020-21**

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:

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, fax (262.782.0677) or scan and email (ckinzy@stmaryeg.org) a copy to St. Mary's Visitation Parish. If your child was baptized at St. Mary's Visitation, we can look up his/her baptismal record. Please indicate the month and year he/she was baptized:

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

Fee: \$55 per child for the Sacramental year (Please contact Elizabeth Harrison if you need financial assistance) (262) 782-4575 x108 or eharrison@stmaryeg.org

Mail or drop-off registration form, baptismal certificate and payment to:

St. Mary's Visitation Parish
Attn: Chris Kinzy
1260 Church Street
Elm Grove, WI 53122

Registration due before August 28th, 2020

Office use only:

Date _____ Amount Paid _____ CK# _____ Cash _____

Time _____