

**ST. MARTIN OF TOURS ROMAN CATHOLIC PARISH**

TELEPHONE: 632-3272

FAX: 632-3303

**1<sup>ST</sup> COMMUNION & 1<sup>ST</sup> RECONCILIATION REGISTRATION**

**Child's Full Name** \_\_\_\_\_ Gender:  M  F

Child's School: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

Place of Baptism and Address: \_\_\_\_\_  
(Baptism Certificate required unless the child has been baptized at St. Martin of Tours.)

**Father's Full Name:** \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

*\* Note*

Mother's Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Office Use Only	
Baptism Certificate: _____	
First Communion date: _____	Certificate issued: _____