

 *Holy Angels*
Faith Formation

138 N 8th Ave • West Bend, WI 53095 • Office: 262-334-3038

Registration for First Reconciliation and First Holy Communion 2018-2019

Please Print.

Full Name (as it appears on the baptismal certificate): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone Number (_____) _____ - _____ Date of Birth: _____

Date of Baptism: _____ Place & City of Baptism: _____

Was your child baptized Catholic? _____

If no, when and where did they become Catholic? _____

If your child was baptized somewhere other than Holy Angels, please attach a copy of the **Baptismal Certificate** to this Registration.

Current Parish _____

Non-parish members will need permission from their Pastor or DRE to participate in our program. The First Communion **Special Permission Form** is available to those who need one.

Father's Full Name: _____

Mother's Full Name: _____