

Please print clearly all information

Please do not leave any blanks

2018-2019
SACRAMENTAL REGISTRATION FORM: RECONCILIATION / FIRST COMMUNION
St. Bridget Catholic Church
600 Clifford Ave, Loves Park, IL 61111
815-633-6311

FULL NAME OF STUDENT AS IT APPEARS ON THE BAPTISMAL CERTIFICATE

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ School Student Attends: _____

City, State, & Zip Code of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Mother's Full Name: _____ Maiden Name: _____

Mother's Email address: _____

Mother's Phone # _____ Father's Phone # _____

Father's Full Name: _____

Father's Email address: _____

Sacramental Information

Date of Student's Baptism: _____

Church of Student's Baptism: _____

City: _____ State: _____ Zip: _____

Are you a registered member of St. Bridget Parish: Yes _____ No _____

To be a registered member, you need to fill out a census form which can be picked up in the Parish office or online <http://stbridgetlovespark.org/new-to-st-bridget/registration>

If the student was not baptized at St. Bridget, we need a copy of student's Baptismal Certificate before your student may receive a sacrament.

EMERGENCY CONTACT:

Name: _____ Address: _____

Phone Number: _____ Relationship to Student: _____

Today's Date: _____