

+
**St. John Vianney First Eucharist/Reconciliation
Registration
2015-16**

Name: _____

First Middle Last

Address: _____

City: _____ Zip _____

Phone # _____

Place of Birth: _____

City State

Date of Birth ____/____/____

Month day year

Age of child by date of First Eucharist (May 22, 2016) _____

Place of Baptism: _____

Church

City State

Date of Baptism: _____

(if your child was Baptized here at St. John Vianney you do not need to attach a copy of your child's Baptismal Certificate. If they were not Baptized here, we will need a COPY of their certificate before they receive their First Eucharist)

Father's Name: _____

First Last

Mother's Name: _____

First Last Maiden

e-mail address: _____

Fee of \$75.00 for First Reconciliation/First Eucharist supply fee: financial aid is available....