



Our Lady of Lourdes Parish

Reconciliation and First Communion Registration Form

STUDENT'S FULL NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____

MOTHER'S NAME: _____ RELIGION: _____

MAIDEN NAME: _____

MOTHER'S ADDRESS: (if different) _____

FATHER'S NAME: _____ RELIGION: _____

FATHER'S ADDRESS: (if different) _____

STUDENT LIVES WITH: Both Parents _____ Father _____ Mother _____

ARE YOU REGISTERED MEMBERS OF OLL PARISH? Yes _____ No _____

IF NOT MEMBER OF OLL PARISH, HOME PARISH NAME: _____

(Note: If not a member of OLL parish, we must have a letter from your parish priest granting permission for your child to celebrate the sacrament at Our Lady of Lourdes).

BAPTIZED: _____
Date Church

Please attach copy of baptismal certificate to this form and \$25 payable to OLL.

I understand the philosophy and policies of Our Lady of Lourdes parish religious education program and will support them to the best of my ability. My commitment to my child's religious education will include participation in weekly Mass.

Parent/Guardian Signature: _____ Date: _____