St. Thomas the Apostle Catholic Church

**Sacrament of First Reconciliation and First Eucharist Registration (2022-23)**

**Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth**: **\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_\_\_**Zip Code** \_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_

**Father’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Religion**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Religion:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parish Information**

I/We are registered members of \_\_\_\_\_\_\_St. Thomas \_\_\_\_\_\_\_Other Parish

**Baptismal Certificate Verification:**

**Parents are responsible to provide a certified copy of your child’s Baptismal Certificate *before* October. All St. Thomas baptisms will be verified. If a child was baptized at another parish, parents must provide a certified copy or request a certified copy be emailed to saint\_thomas@frontier.com or faxed to St. Thomas at (231)-777-7866.**

**Date of Baptism**: Month: \_\_\_\_\_\_Day:\_\_\_\_Year:\_\_\_\_\_\_

**Church of Baptism**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Baptism recorded at St. Thomas \_\_\_\_I will provide a certified Baptismal Certificate

**I understand the importance of attending Mass weekly during our child’s sacramental formation. One parent must attend the Sacrament Retreat along with their child. I understand the information provided on this form will be kept confidential, used only for Pastoral Care.**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**