

OLPH Sacramental Preparation
First Penance/First Eucharist
Registration Form

Date: _____

Child's Legal Name: _____

Child's Nickname: _____

Mailing Address: _____

Date of Birth: _____

Place of Birth: _____

School: _____

Grade: _____

Church of Baptism: _____

Baptismal Church Address: _____

Date of Baptism (month/day/year): _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Legal Guardian(s) Name: _____

Primary Phone (Home): _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

E-Mail Address: _____