

First Reconciliation & First Communion Registration Form 2021 *St. Andrew the Apostle*

Child's Name: _____
Given Names Surname

Street Address: _____ City: _____

Postal Code: _____ Phone: _____

E-Mail: _____

Father's/Guardian's Name: _____
First Name Surname

Mother's/Guardian's Name: _____
First Name Surname Maiden

School Child Attends: _____ Grade: _____ Age: _____

Birth date: _____ Baptism date: _____
(Day, Month, Year) (Day, Month, Year)

Church of Baptism: _____ Location: _____

- Please email form to standrewsudbury@gmail.com by **Tuesday, April 6.**
- Please attach a copy of your child's **Baptism Certificate if not baptized at St. Andrew the Apostle.**
If child was not Baptized Catholic, please see Fr. Denis.
- We accept e-trans at standrewsudbury@gmail.com, no password needed, please state what the e-trans is for and your child's name.