

EUCCHARIST REGISTER INFORMATION

THIS INFORMATION IS NEEDED FOR INCLUSION IN THE PARISH REGISTRY BOOK.
PLEASE COMPLETE AND RETURN THIS FORM TO THE RELIGIOUS EDUCATION OFFICE
BY OCTOBER 31, 2016.

FAMILY NAME	CHILD'S FIRST NAME	MIDDLE
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Phonetic Pronunciation	Phonetic Pronunciation
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STREET ADDRESS	CITY	STATE	ZIP	PHONE
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DATE OF BIRTH	DATE OF BAPTISM	BAPTISMAL PARISH NAME
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BAPTISMAL PARISH STREET ADDRESS	CITY	STATE	ZIP
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FATHER'S NAME	MOTHER'S NAME (FIRST)	MAIDEN NAME
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MASS CHOICES
PLEASE INDICATE YOUR 1ST AND 2ND CHOICE

SAT. 5/6/17 11:00 AM	_____	SUN. 5/7/17 9:00 AM	_____
SAT. 5/13/17 5:00 PM	_____	SUN. 5/7/17 11:00 AM	_____