



# *St. Teresa of Avila Catholic Church*

## *First Reconciliation & First Communion Registry*

Family Name on St.Teresa Parish Registration: \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

Residence \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Email for Communications: \_\_\_\_\_

### **Baptism:**

**Baptism Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Church of Baptism** \_\_\_\_\_

\_\_\_\_\_  
**Church Address Church City State Zip Code**

***A copy of your child's Baptism Certificate must be provided to our offices for verification.***

\_\_\_\_\_  
**Father's Full Name**

\_\_\_\_\_  
**Mother's Full Maiden Name**

\_\_\_\_\_  
**Name(s) of God Parents**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**