

ST. JOSEPH UNIVERSITY PARISH

**Sacrament of Reconciliation Registration 2019-20**

**WHO:** REGISTERED MEMBERS IN GRADE 2 OR ABOVE with or in a year of Formation

**PLEASE ATTACH A COPY OF THE BAPTISMAL CERTIFICATE AT REGISTRATION**

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
Last First

MOTHER'S NAME \_\_\_\_\_  
Last First Maiden

WE USE EMAIL AS OUR PRIMARY FORM OF COMMUNICATION. PLEASE PROVIDE TWO E-MAIL ADDRESSES YOU CHECK FREQUENTLY:

1) \_\_\_\_\_

2) \_\_\_\_\_

(To be used for Class information and reminders, will not be shared)

PLEASE INDICATE HOW YOU WOULD LIKE REGULAR MAIL ADDRESSED:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER(S): PLEASE CIRCLE WHAT LOCATION IT IS HOME, CELL OR WORK

DAD: \_\_\_\_\_ H C W

DAD: \_\_\_\_\_ H C W

MOM: \_\_\_\_\_ H C W

MOM: \_\_\_\_\_ H C W

PLEASE PRINT YOUR CHILD'S NAME AS YOU WOULD LIKE IT ON THEIR CERTIFICATE

FOR OFFICE USE: CLASS FEE-\$50 PAID \_\_\_\_\_ BAPTISMAL CERTIFICATE IN \_\_\_\_\_