

PLEASE RETURN BY DECEMBER 5, 2017

**ST. MADELINE FIRST COMMUNION REGISTER**

ALL INFORMATION MUST BE PRINTED CLEARLY

\_\_\_\_\_  
Last Name (Registered Family Name)

\_\_\_\_\_  
Full Baptismal Name of Communion Candidate (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Baptism

\_\_\_\_\_  
Church of Baptism

\_\_\_\_\_  
City / State of Baptism

\_\_\_\_\_  
(Check one)

\_\_\_\_\_  
Godfather's Name

\_\_\_\_\_  
Christian Witness

\_\_\_\_\_  
(Check one)

\_\_\_\_\_  
Godmother's Name

\_\_\_\_\_  
Christian Witness

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Maiden Name

I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website.

\_\_\_\_\_  
Parent Signature

I give permission for my child's photo (no name) to be placed in the church.

\_\_\_\_\_  
Parent Signature