



**Our Lady of Good Counsel Church**

1525 Waimano Home Road  
Pearl City, HI 96782 (808)455-3012  
<http://www.olgcchurch.org/re>

**First Holy Communion Registration Form 2016-2017**

STUDENT'S FULL NAME \_\_\_\_\_  
Last First Middle

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_  
(PLEASE INCLUDE MAIDEN NAME)

OTHER GUARDIAN INFORMATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

AGE OF CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF BAPTISM \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
City State Country

CHURCH OF BAPTISM \_\_\_\_\_

ADDRESS OF CHURCH \_\_\_\_\_  
City State Zip Country

IF BAPTISM WAS IN THE ARCHDIOCESE FOR THE MILITARY SERVICES, WHAT IS THE RECORD NUMBER? \_\_\_\_\_



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**FOR OFFICE USE ONLY**

- Copy of Baptismal Certificate**
- Parish Registration form**
- Workshop One**
- Workshop Two**
- Date of Reconciliation \_\_\_\_\_**
- Workshop Three**
- Workshop Four**

**NOTE:**