

**Our Lady of Good Counsel Church
First Holy Communion Registration Form**

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

- Parish Registration form
- First Communion Parent Orientation
- Workshop - Baptism
- Workshop - Liturgy of the Word
- Workshop - Liturgy of the Eucharist
- Workshop - Reconciliation
- Sacrament of Reconciliation Date: _____
- Workshop - Confirmation
- Confirmation Retreat Date: _____