



Sacramental Registration Form

First Reconciliation / First Eucharist

Information provided is used to complete the sacramental registry kept at the church.

Child's Name

First _____ Middle _____ Last _____

Home Address _____

City _____, MN Zip _____

Home phone _____ Cell _____ Mom _____ Dad _____

Please provide us with at least one email address for updates and reminders

Email address #1 _____

#2 _____

Child's Date of Birth _____ Male _____ Female _____
(month/day/year)

City and State of Birth _____

Mother's Full Name _____
first middle last

Mother's Maiden Name _____

Father's Full Name _____
first middle last

School Child Attends _____

It is common practice for Holy Spirit Parish to use photographs on our website and in parish publications. I give consent for my child to be photographed with the understanding that these photos may be used on our website or in parish publications.

Yes _____ No _____ Parent initials _____

My child was baptized at Holy Spirit: Yes _____ No _____

Child's Date of Baptism _____

If no, complete this section and bring a copy of your child's baptismal certificate to the parent meeting. All children not baptized at Holy Spirit must have a copy of their baptismal certificate on file.

Church of Baptism Name _____

Address _____

City, State, Zip _____

5455 50th Avenue NW
Rochester MN 55901
Phone: 507-280-0638

Holy Spirit Catholic Church



Office Use Only: Fee \$60.00

Fee Paid: _____

Ck.#: _____

Date Registration Received:
