HOLY FAMILY CATHOLIC PARISH
Faith • Family • Service
PARMA, OHIO

Reconciliation/1st Eucharist Registration 2020 – 2021

Please Print

Candidate's Name: _____
First Middle Last

Place of Birth: _____
City, State

Date of Birth: _____
Month, Day & Year (e.g. August 10, 2013)

Age: _____
(As of May 2 2021)

Church of Baptism: _____

Religion of Father: _____ **Religion of Mother:** _____

Church Address: _____
Number & Street City, State & Zip

Date of Baptism: _____
Month, Day & Year (e.g. September 19, 2014)

Residence: _____
Number & Street City, State, Zip

Parents: _____
Father (First & Last)

_____ (_____)
Mother (First & Last) (Maiden Name)

Candidate's School: _____ **Grade:** _____

Candidate's Home Phone: _____ **(cell):** _____

Please return **Registration Form** (All students), and **$25 Fee** (not PSR students) to Sister Yvonne by **Tuesday, December 1, 2020**.
Thank you