


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

**Reconciliation/1st Eucharist
 Registration 2023 – 2024**

Please Print

Candidate's Name: _____
First Middle Last

Place of Birth: _____
City, State

Date of Birth: _____
Month, Day & Year (e.g. August 10, 2015)

Age: _____
(As of May 4, 2024)

Church of Baptism: _____

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

Date of Baptism: _____
Month, Day & Year (e.g. September 19, 2015)

Residence: _____
Number & Street City, State, Zip

Parents: _____
Father (First & Last) (Religion of Father)

Mother (First & Last) (Maiden Name) (Religion of Mother)

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

Parent's Cell Phone: _____ **email:** _____

Please return a **Registration Form** for each student,
 and **Fees(\$25.00)** – only HFS
 to Sister Yvonne (sryvonne@holyfamparma.org)
 by **Tuesday, November 14, 2024.**
 Thank you