



HOLY FAMILY CATHOLIC PARISH

Faith • Family • Service

PARMA, OHIO

**Reconciliation/1st Eucharist
Registration 2024 – 2025**

Please Print

Candidate's Name: _____
First Middle Last

Place of Birth: _____
City, State

Date of Birth: _____
Month, Day & Year (e.g. August 10, 2017)

Age: _____
(As of May 10, 2025)

Church of Baptism: _____

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

Date of Baptism: _____
Month, Day & Year (e.g. September 19, 2017)

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 19, 2024.**
Thank you