

Mater Ecclesiae
The Downtown
Family of Parishes



**FIRST RECONCILIATION
REGISTRATION FORM**

Candidate Information:

Candidate's Full Name: _____

Street Address: _____ Age: _____

City: _____ Zip code: _____ Birthdate: _____

Father's Name: _____

Mother's Name (including maiden name): _____

Father's Cell Phone #: _____ Mother's Cell Phone #: _____

Father's Email: _____

Mother's Email: _____

School: _____ Grade: _____

Allergies/Special Needs: _____

Registered Parish: *Blessed Sacrament* *St. Louis* *St. Anthony's*

Sacrament Information:

Baptism Church: _____

Baptism date, city, state: _____

* Submit a copy of Baptismal certificate to Ashlee Campbell, if sacrament was received at a church other than a Family #22 Church

**Submit completed form to the CRE, Ashlee Campbell, at
religioused@stlouisrcchurch.org