



**Our Lady of Lourdes Catholic Parish
First Reconciliation and
First Holy Communion Registration**

Student Name _____
(First) (Middle) (Last)

Favorite subject/activities _____

Date of Birth _____ Grade _____

Address _____ City _____ Zip Code _____

Family Email _____ Phone _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name _____

Baptism Information:

If not baptized at OLL, please provide copy of baptismal certificate.

Date of Baptism _____
(month) (day) (4-digital year)

Name and address of church where student was baptized:

Registration Fee: \$40 (cash or check payable to Our Lady of Lourdes Catholic Church)
Includes sacramental materials and professional photography at First Communion Mass.

Parent Signature

Date