



Our Lady of Lourdes Catholic Parish

First Reconciliation and First Communion Registration Form

STUDENT NAME _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH _____ GRADE _____

FAMILY EMAIL _____

CELL PHONE _____

ADDRESS _____
Street City Zip Code

FATHER'S NAME _____ RELIGION _____

MOTHER'S NAME _____ RELIGION _____

MOTHER'S MAIDEN NAME _____

ARE YOU REGISTERED MEMBERS OF OLL PARISH? YES _____ NO _____

IF NO, PARISH NAME _____

TO REGISTER WITH OLL PARISH, GO TO www.olmlb.org

BAPTISM INFORMATION

DATE OF BAPTISM _____
(month) (day) (4-digit year)

NAME OF CHURCH _____

IF NOT BAPTIZED AT OLL, ATTACH COPY OF BAPTISM CERTIFICATE.

PARENT SIGNATURE _____ DATE _____