

# First Sacraments Registration

1. Complete the Registration Form.
2. Attach a recent copy of the candidate's Baptismal Certificate (if not baptized at one of our 3 parishes).

*Holy Cross ~St. Mary's ~ Holy Rosary*  
PO Box 70, Timber Lake, SD 57656  
www.HolyCrossTimberLake.com  
holycrosschurch57656@gmail.com  
605-865-3653

**CHILD'S INFORMATION:** DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
PO BOX/STREET CITY STATE ZIP

GRADE IN FALL 2018: \_\_\_\_\_

**CHILD'S SACRAMENTAL INFORMATION** (PLEASE ATTACH A BAPTISMAL CERTIFICATE)

PARISH OF BAPTISM: \_\_\_\_\_  
NAME OF PARISH CITY STATE ZIP

DATE OF BAPTISM: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

## PARENT INFORMATION

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST CATHOLIC Y/N

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN) CATHOLIC Y/N

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW CAN I CONTACT YOU? SELECT ALL THAT APPLY:  PHONE  EMAIL  TEXT

I UNDERSTAND AND ACCEPT MY PARENTAL RESPONSIBILITIES FOR THE FAITH FORMATION OF MY CHILD AND I WILL DILIGENTLY PREPARE MY CHILD FOR THE SACRAMENTS OF RECONCILIATION AND HOLY EUCHARIST.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE