



St. Teresa of Avila Catholic Church
First Reconciliation & First Communion Registry

Family Name on St. Teresa Parish Registration: _____

Child's Full Name _____

Last

First

Middle

Birth Date ____/____/____ City _____ State _____

Parent/Guardian Name(s): _____

Home Address: _____

City _____ State _____ Zip _____

Phone #: (____) _____ - _____

Email for Communications: _____

Baptism:

Date of ____/____/____ Church of Baptism _____

Street Address _____ City _____ State _____ Zip Code _____

Father's Full Name

Mother's Full Maiden Name

Name(s) of God Parents

Signature of Parent/Guardian

Date

A copy of your child's **Baptism Certificate** must be provided to our offices for verification.