

ST. RITA CATHOLIC CHURCH

13645 PADDOCK DRIVE , WELLINGTON, FL. 33414

PHONE # 795-4321 FAX:795-5478

FIRST EUCHARIST REGISTRATION FORM

PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE.

PLEASE PRINT

NAME OF CHILD _____
(As shown on Baptismal Certificate) (First) (Middle) (Last)

PLACE OF BIRTH _____
(City) (State)

DATE OF BIRTH _____ AGE _____

CHURCH OF BAPTISM _____

PLACE OF BAPTISM _____
(City) (State)

DATE OF BAPTISM _____
(Month) (Day) (Year)

FAMILY MAILING ADDRESS

FATHER'S NAME _____
(First) (Middle) (Family Name)

MOTHER'S NAME _____
(First) (Maiden Name)

STREET _____ CITY _____ STATE _____

HOME PHONE _____ CELL # _____

MOTHER'S WORK # _____ FATHER'S WORK # _____

ATTENDS SESSION (Please circle): S-1 S-2 S-3 S-4 T-1 T-2 T-3