

1st Reconciliation & 1st Communion Registration Form

Please fill out information below and return to Trish Lokmer by August 18th or as soon as possible.

St. Elizabeth Ann Seton Catholic Church
1350 Lyndhurst Drive N.E.
Hiawatha, Iowa 52233
319-393-3778

<u>Office Use Only</u>
Certificate: _____
Fees pd. : _____
Check #: _____

STUDENT INFORMATION (Please Print Clearly)

(Full Name) First Name	Middle Name	Last Name
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Address	City	Zip
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Place of Birth (City & State)	Date of Birth	Gender
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Grade	School	Parent E-mail Address*
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(*email is the primary form of communication for program information)

BAPTISMAL INFORMATION

Baptismal Date (month/day/year)	Name of Church*	Denomination
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Church Address	City/State	Zip
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Registered members of St. Elizabeth Ann Seton: YES NO

***NOTE:** If you were not baptized at St. Elizabeth Ann Seton, you **MUST** attach a photocopy of your baptismal certificate for this application to be accepted. You **MUST** be a registered St. Elizabeth Ann Seton family. If possible, please bring the copy to the Reconciliation Parent meeting September 21st or 22nd.

-OVER-

PARENT/GUARDIAN INFORMATION

Mother's Information:

<i>Mother's Full Name</i>	Maiden	Religion
Address (if different from student)	City	State/Zip
Phone (Day)	Phone (Evening)	*E-mail

Father's Information:

<i>Father's Full Name</i>		Religion
Address (if different from Candidate)	City	State/Zip
Phone (Day)	Phone (Evening)	*E-mail

Guardian's Information:

<i>Guardian's Full Name</i>		Religion
Address (if different from Candidate)	City	State/Zip
Phone (Day)	Phone (Evening)	*E-mail

Custodial Parent: _____

Send mail to (circle all that apply) Mother Father Guardian

*Again, email will be the primary form of communication. Please let me know if you do not have access to your email on a regular basis.

If you have any questions please feel free to call or email me at tlokmer@seasp.org or 393-3778. –Trish Lokmer