

Divine Mercy Catholic Church
1940 N. Courtenay Parkway
Merritt Island, Fl. 32953
452-5955

First Reconciliation/First Communion Sacrament Registration Form

Please print all information below. Thank you.

1. Student's Name _____ Female Male
Last First Middle

2. Address _____
Street City Zip

3. Phone _____ Birth Date _____ Grade _____

4. Baptismal Information:

Name of Church _____ Date _____

A copy of the Baptism Certificate is required for First Communion and First Reconciliation if your child was not baptized at Divine Mercy.

5. Mother's Name _____ Work # (____) _____

Maiden Name: _____ Religion _____

6. Father's Name _____ Work # (____) _____

Religion _____

7. Legal Guardian, if different than above:

Name _____ Home # (____) _____

Address _____
Street City State Zip

Relationship _____ Work # (____) _____

All students - fee \$30.00 due by November 14, 2008

Signature _____ Date _____

For Office Use Only Total Amount Due _____ Amount Paid _____ Cash _____ Check _____

Date _____ Received by _____ Balance Due _____