



CHRIST OUR REDEEMER
CATHOLIC CHURCH
1028 White Point Road
Niceville, Florida 32578
Website: www.corcatholic.org
Phone Number: 850-897-7797
FAX Number: 850-897-2422

Registry Information for the Sacrament of Eucharist

**Sunday ~ 6 June 2010
at 10:30 a.m. Mass**

RECONCILIATION DATE

ATTACH a COPY of the First Communion Candidate's **Original Baptismal Certificate**
Please **PRINT and COMPLETE ALL INFORMATION** requested {numbers 1-13}
as you want it to appear on the **certificate** and in **our sacramental registry**. Thank You!

1. CHILD'S NAME: **FIRST Name:** _____

MIDDLE Name: _____

Baptismal Name (if different): _____

LAST Name: _____



2. PLACE of BIRTH: **CITY:** _____

STATE & COUNTRY: _____

3. DATE of BIRTH: (Month/Day/Year) _____

4. AGE at DATE of FIRST COMMUNION: _____

5. PLACE of BAPTISM: CHURCH NAME: _____

CITY: _____

STATE & COUNTRY: _____

6. DATE of BAPTISM: (Month/Day/Year) _____

7. PHONE NUMBER: _____

8. PRESENT Street ADDRESS: _____

9. CITY & STATE: _____

10. Mailing Address (if different from above): _____

PARENTS:

11. FATHER'S FIRST & LAST Name: _____

12. MOTHER'S FIRST Name: _____

13. & MOTHER'S MAIDEN Name: _____

(Needed when sending notification of reception of sacrament to church of Baptism
For OFFICE Use ONLY)

Date Recorded & Number in Registry: _____

Certificate w/Seal: _____

Notification Sent: _____

{Form Revised; September 2009}

Bulletin Announcement: _____

Computer Entry: _____