



Date _____

St. Elizabeth of Hungary Parish
REGISTRATION FORM 2024 -2025
First Communion Program

First Year

Second Year

Are you registered in the parish: Yes No?

Family Last Name: _____ Language Spoken at Home: _____

Address _____
Street City Zip

Telephone: *Home* _____ *Cell* _____ *E-mail* _____

	Father	Mother	Guardian
Last Name			
First Name			
Religion			
Occupation			
Work Phone			

Child lives with: Both Parents Mother Father Other

Parents are: Married Widowed Divorced Separated Remarried Single

Parents are married in the Catholic Church: Yes No

Emergency Contact

Name _____ Last name _____

Telephone: Home _____ Cell Phone _____

Email _____ Relationship _____

1. Child's Name _____
First Name Middle Last

Child's Date of Birth ___ / ___ / ___ Place of Birth _____ Sex _____

Name of School _____ Grade in fall _____

Baptism Yes No

Baptism _____
Church Date City State

2. Child's Name _____
First Name Middle Last

Child's Date of Birth ___ / ___ / ___ Place of Birth _____ Sex _____

Name of School _____ Grade in fall _____

Baptism *Yes* *No*

Baptism _____
Church Date City State

3. Child's Name _____
First Name Middle Last

Child's Date of Birth ___ / ___ / ___ Place of Birth _____ Sex _____

Name of School _____ Grade in fall _____

Baptism *Yes* *No*

Baptism _____
Church Date City State

4. Child's Name _____
First Name Middle Last

Child's Date of Birth ___ / ___ / ___ Place of Birth _____ Sex _____

Name of School _____ Grade in fall _____

Baptism *Yes* *No*

Baptism _____
Church Date City State