

**First Eucharist/ First Reconciliation
REGISTRATION FORM**

San Carlos Cathedral Parish – 500 Church St. – Monterey, CA 93940

Today's Date: _____

Please print clearly. Thank you!

CHILD'S NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____
(Month) (Day) (Year)

PLACE OF BIRTH: _____
(City) (State)

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

PLACE OF BAPTISM: _____
(Church) (City) (State)

FATHER'S NAME: _____
(First) (Middle) (Last)

MOTHER'S NAME: _____
(First) (Middle) (**MAIDEN**) (Last)

Does your child live with his/her father?
Does your child live with his/her mother?

ADDRESS: _____

City & Zip Code: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-mail: _____

Emergency Phone #: _____
(If parents are separated, or if a grandparent wants to be on our communications list.)

SCHOOL: _____

Parish Where You Are Registered: _____

- ❖ Please send a copy of your child's **BAPTISMAL Certificate** *as soon as possible*.
- ❖ **P.S. There is an extra supply fee of \$30 for ALL First Communion Students.**
(Scholarships are always available for those in need.)

Thank you! Cynthia Friesen – 831.373.2628 x17 cfriesen@sancarloscathedral.org