

# Registration for Rite of First Communion

St. Alphonsus Catholic Church  
502 Jackson Ave.  
Ocean Springs, MS 39564

Name: \_\_\_\_\_  
Last First Full Middle

Place and Date of Birth (Attach Copy of Birth Certificate)

\_\_\_\_\_  
City State Date

Age at time of Reception of Communion: \_\_\_\_\_

Place and Date of Baptism (Attach Copy of Baptism Certificate)

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Street Address City State

Date of Baptism: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State

Father's Full Name: \_\_\_\_\_

Last First Full Middle Name

Mother's Full Name: \_\_\_\_\_

Last First Full Middle Name Maiden

Phone: \_\_\_\_\_

Home Cell - Father Cell - Mother

Home Parish: \_\_\_\_\_

Church and Date of Reconciliation: \_\_\_\_\_

(Office Use)