



Saint Michael Catholic School

Religious Education Office

*Please, return this form by October 1, 2024

REGISTRATION FOR SACRAMENT OF HOLY COMMUNION

Date _____

Please ATTACH A COPY OF THE BAPTISMAL CERTIFICATE/FAVOR DE INCLUIR CERTIFICADO DE BAUTISMO.

Last Name as it appears on birth certificate: (Apellido a como aparece en el certificado de nacimiento)	Name as it appears on birth certificate: (Nombre a como aparece en el certificado de nacimiento)
Birth Date: (Fecha de Nacimiento)	City, State or Country: (Ciudad, Estado ó País)
Age: (Edad)	
Father's Name: (Nombre del Padre)	
Full Mother's Maiden Name (Nombre completo de soltera de la madre)	
MASS ATTENDANCE IS MANDATORY FOR ANY SACRAMENT AND IS PART OF THE CLASS By signing this form you agree to everything is stated in it. (al firmar este formulario usted está de acuerdo con todo su contenido)	
Parentor legal guardian signature (Firma del padre o guardian legal)	