Our Mother of Sorrows

First Penance & First Communion Registration Form 2024-2025

| Child's Name | | | Sex M F |
|--|---|---------------------|---|
| | Last | First | |
| Address | | | |
| | , NY | | Date of Birth |
| Grade in Fall 2024 _{(m} | Age | School | ol Attending |
| - | | | ntribute to their safety and success in |
| Parent's Names | | | |
| Mother's Maiden N | lame | | |
| Email (s): | | | |
| Home Phone: | | | |
| Mother's Cell/Wor | k: | Father's Cell/Wo | rk: |
| Mass. | raments are celebrated at the hone ease confirm that you are present | | nts are registered and regularly attends: |
| | I am registering for First Reconci | liation | Grades 2 and up |
| | I am registering for First Eucharis | | Grades 2 and up |
| Church of Baptism | | | |
| Date | | | - |
| | *Please provide a copy of the Baptismal Certificate.* Fee for both sacraments is \$50.00 (Checks payable to Our Mother of Sorrows Church) | | |
| | | | |
| Please return form FOR OFFICE USE O | | OMOS & HC Catecheti | ical Leader, by September 22, 2024 |
| | | Date: | |
| Cash: | Check#: | | Initials |