

The Cathedral of St. John the Baptist
First Holy Communion Registration 2017-18

- School of Christian Formation**
- Charleston Catholic School**

[Please print clearly]

Parish where registered _____
Envelope # _____

Child's Full Name (*from Baptismal Certificate*):

Home Address _____

City _____ State _____ Zip _____

Phone _____

Family email _____

Father's Full Name _____

Mother's Full Name _____

Mother's Maiden Name _____

Child's Date of Birth _____

Child's Date of Baptism _____

Parish of Baptism _____

Address of Baptismal Parish _____

City _____ State _____ Zip _____

A copy of the child's baptismal certificate must accompany this form or be mailed to the parish office.

Registration form and copy of baptismal certificate are DUE by OCT. 30

The Cathedral of St. John the Baptist, Attn: Director of Religious Education
105 Queen St.
Charleston, SC 29401