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St. John Vianney First Eucharist/Reconciliation Registration 2025

Name:			
First		Middle	Last
Address:			
City:		Zip	
Phone #			
Place of Birth:			
Place of Birth:	City	State	
Date of Birth/	/day year	-	
Age of child by date of	First Eucharist (June	7, 2025)	
Place of Baptism:			
1		Church	
	City	State	
Date	of Baptism:		
copy of your chi	ild's Baptismal Certif	. John Vianney you <u>do</u> icate. If they were not re they receive their F	Baptized here, we will
Father's Name:	First	Last	
		Last	
Mother's Name:	First	Last	Maiden
e-mail address:	1 1101	Lust	Maidell

Fee of \$80.00 for First Reconciliation/First Eucharist supply fee