



Church of St. Anne

First Holy Communion & Confirmation

Family Last Name(s) _____

Father's First Name: _____ Cell Phone: _____

Father's Email: _____

Mother's First Name: _____ Cell Phone: _____

Mother's Email: _____

Street Address _____

City _____ State _____ Zip _____

Registered at St. Anne's? ☐ Yes ☐ No

If no, what parish do you belong to? _____

Child will be receiving: ☐ First Holy Communion

☐ Confirmation

Child's Full Name: _____

School: _____ Date of Birth _____

Church of Baptism: _____ Date: _____

Sacramental preparation fee will be:

- ♦ \$25 per child for First Holy Communion
- ♦ \$100 per child for Confirmation

Please return this form, along with your payment to:

Church of St. Anne
P.O. Box 256
Hamel, MN 55340

Checks can be made out to Church of St. Anne.