First Holy Communion Registration Form

Church of Saint Anne

Family Last Name(s): _____

Father's First Name: _____

Father's Cell & Email:

_____

Mother's Maiden Name (first and last):

_____

Mother's Cell & Email:

_____

Street Address: _____

City: _____ State: _____ Zip: _____

Registered Parishioner at Saint Anne's? ☐ Yes ☐ No

If not, what parish do you belong to? _____

Child's Name: _____

Date of Birth: _____

Church of Baptism: _____ Date: _____

****If your child was not baptized at Saint Anne's, you will need to request a certificate of baptism. You can find this request form on our website under "Resources/Forms" at saintannehamel.org.**

Sacramental preparation fee is $25 per child.

Please return this form, along with your payment to:

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

Or bring form and payment to the parish office. Checks can be made out to Church of Saint Anne.