Ave Maria Catholic Church
5078 Pope John Paul II Blvd. Ste.#107
Ave Maria, FL 34142 **avemariaparish.org**
(239)261-5555

Becky Hampton DRE
becky.h@avemariaparish.org

FOR OFFICE USE ONLY:

Baptismal Certificate:_____

Godparent(s):_____

Sacraments conferred/date:_____

OCIA-YOUTH 2026-2027

Cost $70.00 per child

What Sacraments are needed: _____Baptism _____First Communion:

Child's Information (PLEASE PRINT):

Full Name: _____

(for sacramental certificate)

DOB:_____Current Age:_____Grade:_____School:_____

Email address:_____Cell#_____

_____

Parent's Information:

Mother's Full Name:_____Religion:_____

(First/Middle/MAIDEN)

Cell#:_____Email address:_____

Home Address (City/St/Zip):_____

_____

Father's Full Name:_____Religion:_____

(First Middle/Last)

Cell#:_____Email address:_____

Home Address (City/St/Zip):_____

_____

Religious Background: Please describe your child's previous religious education (if any) and prior contact with the Catholic Church or other Christian denominations:_____

_____

_____

Please read the following carefully before signing:

I understand that my child's preparation for First Confession and First Communion is for a way of life most effective when modeled in the family. I am willing to make the commitments necessary to support their faith formation; including family participation at weekend Masses, Holy Days of Opportunity, attending preparation classes, sacramental practices, and keeping up with the at home portion of his/her preparation. After the reception of sacraments, I will continue to support my child's religious education and encourage this lifetime process of ongoing conversion.

Parent's Signature:_____Date:_____

(see back page for additional family registration)

Child 2:

Full Name: _____

(for sacramental certificate)

DOB:_____**Current Age:**_____**Grade:**_____**School:**_____

Email address:_____**Cell#**_____

_____

Was your child adopted? Y/N Place of Birth:_____

Child 3:

Full Name: _____

(for sacramental certificate)

DOB:_____**Current Age:**_____**Grade:**_____**School:**_____

Email address:_____**Cell#**_____

_____

Was your child adopted? Y/N Place of Birth:_____

*If you have questions or need to discuss payment options please contact

Thank you for your support and we look forward to journeying with your family through sacramental preparation.