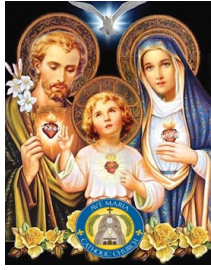


Ave Maria Catholic Church
5078 Pope John Paul II Blvd. Ste.#107
Ave Maria, FL 34142 avemariaparish.org
(239)261-5555



FIRST COMMUNION ONLY:

Baptismal Certificate

BAPTISM/FIRST COMMUNION:

Signed/Dated/Sealed Godparent form

Becky Hampton DRE
becky.h@avemariaparish.org

RCIA-YOUTH 2023-2024

***Cost: \$70.00 per child with a family max of \$160.00**

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#** _____

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

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)

FOR OFFICE USE:

Baptismal Certificate: _____

Godparent(s): _____

Sacraments conferred/date: _____

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

Becky Hampton DRE Ave Maria Parish at becky.h@avemariaparish.org.

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