



St. John the Evangelist Catholic Church

Parish Office
57805 Main Street
Plaquemine, Louisiana 70764-2531
(225) 687-2402
(225) 687-1587 Fax

ST JOHN THE EVANGELIST

FIRST RECONCILIATION AND EUCHARIST REGISTRATION

Child's **full name** _____

Male _____ Female _____ Date of Birth _____

Grade: _____ School Attnding: _____

Mother's name _____
(FIRST) (MAIDEN) (LAST)

Father's name _____

1st Mailing Address _____
(All correspondence will be mailed to the address where the student lives).

Home Phone: _____ Work Phone: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Emergency Phone: _____

2nd Name & Mailing Address(if needed) _____

- Please include a copy of his or her **Baptism Certificate** with the **\$30 fee** and this **registration form**.
- Please make checks payable to St. John the Evangelist.
- Please return by **Friday, August 25, 2017**, to St. John Church Office.
- Attention: Sacramental Preparation