

St. John the Evangelist Catholic Church
57805 Main Street
Plaquemine, LA 70764
Phone: 225-687-2402
Fax: 225-687-1587

FIRST RECONCILIATION AND EUCHARIST REGISTRATION

Child's Full Name _____
(First) (Middle) (Last)

Male _____ **Female** _____ **Date of Birth:** _____

Grade: _____ **School Attending** _____

Mother's Full Name
(First) (Maiden) (Last) _____

Father's Full Name
(First) (Middle) (Last) _____

1st Mailing Address _____
(All Correspondence will be sent to this address)

2nd Mailing Address (optional) _____

Home Phone: _____ **Work Phone:** _____

Mother's Cell Phone and email address:

Father's Cell Phone and email address:

Please include a copy of his or her Baptismal Certificate with the \$30 fee and this Registration Form. Please make checks payable to St. John the Evangelist Catholic Church. Please return by August 30, 2019 to St. John Church Office. Attention: Wanda Ashley, DRE.