

Saint Ambrose **FIRST RECONCILIATION** and **FIRST EUCHARIST Registration**

Candidate's Full Baptismal Name _____ Male or Female

Candidate prefers to go by _____

Family Name as Registered (if different from baptismal name): _____

IN ORDER TO BE REGISTERED FOR THE FIRST RECONCILIATION/FIRST EUCHARIST PROGRAM, please **ATTACH A RECENT COPY OF THE CANDIDATE'S BAPTISMAL CERTIFICATE** dated within the last 6 months.
(Not necessary if baptized at St. Ambrose)

Baptismal date _____ Church of Baptism _____
(Month) (Day) (Year) (City, State, Zip)

Parent's Email address: _____

Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year) (City, State, Zip)

School: _____ Grade for Fall (2024 - 2025): _____

Home Address _____
(Address) (City, State) (Zip)

Home Phone _____ Cell _____ Cell _____
(Mom, Dad, Grandparent, Other) (Mom, Dad, Grandparent, Other)

Are you registered at Saint Ambrose? _____ If not, which parish? _____

Father's Name _____ D.O.B. _____ Religion _____ Yes NO Yes NO
Baptized Confirmed

Mother's Name _____ D.O.B. _____ Religion _____ Yes NO Yes NO
Baptized Confirmed

Mother's Maiden Name: _____

Students Previous Religious Education: _____ St. Ambrose Grade School Grades _____ through _____
 _____ Other Catholic Grade School Grades _____ through _____
 _____ St. Ambrose PSR Grades _____ through _____
 _____ Other Catholic PSR Grades _____ through _____

DUE August 15, 2024

Sacramental Preparation / Resources

\$60.00 - covering **BOTH** Sacraments
Financial assistance is available if needed
Please contact the PSR office #330-460-7302

TOTAL Enclosed: _____

Make checks payable to Saint Ambrose Church

VISA/ MC # _____ / _____ / _____ / _____ Exp. Date _____ / _____ 3 Digits _____
Circle one)

Office Use Only:	Check # _____ / Cash / Charge	Amount : _____
Received _____ / _____ / _____	Filed in PDS _____ / _____ / _____	Baptismal Certificate ___ Yes

Saint Ambrose – PSR Office 929 Pearl Rd. Brunswick, OH 44212 330-460-7302

2024-2025