

# 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 (2026 –2027): \_\_\_\_\_

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, 2026**

## 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)

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

Saint Ambrose – PSR Office 929 Pearl Rd. Brunswick, OH 44212 330-460-7326

**2026-2027**