ST WILLIAM CATHOLIC CHURCH

SACRAMENT Registration

First Reconciliation and First Communion

2300 Frederica Rd. SSI, GA 31522 PowerNancy@comcast.net (912) 638-2651

YEAR:	Grade:	Date of Birth	ı:/	
YOUTH NAME: Baptized Name	ne			
(LAST)	(FIRST)	(MID	DLE)	
PARENTS FULL NAMES: Mother	(Maiden)		Father:	
Was your child in the CREED Pro	ogram last year at St Willian	m: Yes/NO - SFX Scho	ool: Yes/No - Other:	
BAPTIZED ON:/_	/			
CHURCH OF BAPTISM: _				
ADDRESS:				
	STATE: ZIP:			
GODPARENTS:				
*** The Diocese of Savannah ha have two years of preparation til		nildren preparing for	First Reconciliation and	First Communion
Baptized at St. William: Y	ES NO			
A COPY OF	CHILD'S BAPTISIM	IAL CERTIFICA	TE, (MUST HAVE	<u>:</u>)
	(Even if baptized a	at St. William C	hurch)	
Are you registered at	St. Williams? YES/	NO. If not please	e also fill out parish	registration.
Family must register at St.	William to receive sa	craments.		
Additional registr	ation fee of-\$35, Tot	tal = \$70 For CRE	ED and First Comr	nunion
Fee: \$35/\$70 Paid: Yes/NC) Date:	Check #:	Cash:	