

2017 -2018

**St. Martin of Tours Sacramental Preparation Registration**  
**1st Holy Communion and Reconciliation**  
*Keep Your Eyes Fixed on Jesus*

Candidate's Full Baptismal Name: \_\_\_\_\_ M / F

Candidate prefers to go by: \_\_\_\_\_

***In Order to Be Registered for the Sacramental Preparation Program, You Must Attach a Recent Copy of the Child's Baptismal Certificate if not Baptized at St. Martin of Tours.***

Baptismal Date: \_\_\_\_\_  
(Month) (Day) (Year)

Church of Baptism: \_\_\_\_\_  
(Name) (City, State Zip)

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

School: \_\_\_\_\_ Grade 2017-2018 \_\_\_\_\_

Family Name as Registered (If different from baptismal name): \_\_\_\_\_

Home Address \_\_\_\_\_  
(Address) (City, State) (Zip)

Home Phone \_\_\_\_\_ Dad's cell \_\_\_\_\_ Mom's cell \_\_\_\_\_

Are you a registered Parishioner? \_\_\_\_\_ If No, you will need to be.  
Call the office or stop in the office after Mass to register.

E-Mail Address: \_\_\_\_\_

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 requesting First Holy Communion must have completed a full year of PSR or Catholic Day School.***

Student's Previous Religious Education \_\_\_\_\_ St. Martin PSR Grades \_\_\_\_\_ through \_\_\_\_\_ Year \_\_\_\_\_

Other PSR Program Church Name \_\_\_\_\_ Grades \_\_\_\_\_ through \_\_\_\_\_ Year \_\_\_\_\_

Catholic School name \_\_\_\_\_ Grades \_\_\_\_\_ through \_\_\_\_\_ Year \_\_\_\_\_

**Due August 13, 2017**

**Sacramental Preparation / Resources**

\$ 40.00 – covering both Sacraments  
Financial assistance is available if needed  
Please contact the PSR office

Please know your child must be enrolled in PSR and both students and parents are required to attend the monthly L.I.G.H.T. Program and Sacramental Preparation Sessions.

***Makes checks payable to St. Martin of Tours*** Total Enclosed: \_\_\_\_\_

Office Use Only: CHECK#: _____ CASH _____ Amount \$ _____ Date Received: ___/___/___
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**Please return to: St. Martin of Tours Attn# PSR 1800 Station Rd. Valley City, Ohio 44280 330-483-3808**