

**St. Francis of Assisi Catholic Church,
P.O. Box 487 Folkston, GA 31537-0487**



Registration: Please fill out the information below and either mail / e-mail it or drop it in the offertory basket.

Adult 1 _____
Last First Middle Initial

Title: Rev. ___ Dr. ___ Mr. ___ Mrs. ___ Ms. ___ **Birth date** ___/___/___ **No year please**

Baptism Yes No / **First Communion** Yes No / **Confirmation** Yes No

Phone # _____ **E-mail** _____

Address _____ **City** _____

State _____ **Zip Code** _____

Adult 2 _____
Last First Middle Initial

Title: ___ Dr. ___ Mr. ___ Mrs. ___ Ms. ___ **Birth date** ___/___/___ **No year please**

Marriage-Anniversary date ___/___/___ **No year Please**

Baptism Yes No / **First Communion** Yes No / **Confirmation** Yes No

Please fill in Sacraments you are preparing for this year.

Name 1: _____
Last First Middle Initial

DOB _____

Classes: Baptism - Reconciliation Confession - Eucharist - Confirmation - Marriage

Name 2: _____
Last First Middle Initial

DOB _____

Classes: Baptism - Reconciliation Confession - Eucharist - Confirmation - Marriage

Name 3: _____
Last First Middle Initial

DOB _____

Classes: Baptism - Reconciliation Confession - Eucharist - Confirmation - Marriage

Name 4: _____
Last First Middle Initial

DOB _____

Classes: Baptism - Reconciliation Confession - Eucharist - Confirmation - Marriage

Name 5: _____
Last First Middle Initial

DOB _____

Classes: Baptism - Reconciliation Confession - Eucharist - Confirmation - Marriage

Name 6: _____
Last First Middle Initial

DOB _____

Classes: Baptism - Reconciliation Confession - Eucharist - Confirmation - Marriage