



Saint Leo the Great Catholic Church
2427 Marietta Avenue
Lancaster, PA 17601

RECONCILIATION AND FIRST COMMUNION REGISTRATION

Please complete the following in full. The correct information is needed for the parish register at the time of your child's first Reconciliation and Communion.

Name _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Place of Birth _____
(CITY OR TOWN) (STATE)

Date of Birth _____
(MONTH) (DAY) (YEAR)

Age at time of First Communion _____ (Please circle) Male/Female

Name of Church where baptized _____

(CITY OR TOWN) (STATE)

Date of Baptism _____
(MONTH) (DAY) (YEAR)

Present Address _____

(CITY OR TOWN) (STATE) (ZIP)

Home Phone _____ Email _____

Father's Name _____
(FIRST NAME) (INITIAL) (LAST NAME)

Mother's Maiden Name _____
(FIRST NAME) (MAIDEN NAME) (LAST NAME)

Please include a copy of your child's Baptismal Certificate with this form.

Rev. 6-14-21