



# All Saints Catholic Church

## First Confession / Communion 2017

435 4th St NE

Minneapolis, MN 55413

Phone: (612) 379-4996

Email: fsspminneapolis@gmail.com

Parish Office Hours: Tuesday, Wednesday, Thursday 10am – 4pm



Family Name: \_\_\_\_\_

Parish<sup>1\*</sup>: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Family e-mail address<sup>2\*\*</sup>: \_\_\_\_\_

***Please write all names as they appear on legal documents  
and attach a copy of Baptismal certificate.***

Child's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
City/State

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Church: \_\_\_\_\_

Address for  
Church of Baptism: \_\_\_\_\_  
Street Address City State Zip Code

**Please obtain a copy of the child's baptism certificate  
AND  
a copy of the St. Joseph 1<sup>st</sup> Communion Catechism for class.**

<sup>1\*</sup> If the family is registered at another parish please fill out the second page.

<sup>2\*\*</sup> This is the primary means of communication between the church and your family.



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## Non-Parishioners' Information

**Father/Guardian:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Sacraments Received:**     Baptism     Communion     Reconciliation     Confirmation

**Mother/Guardian:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Sacraments Received:**     Baptism     Communion     Reconciliation     Confirmation

**Marital Status:**     Married     Single     Divorced     Widowed

**Church of Marriage:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_