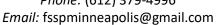
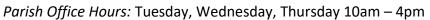


All Saints Catholic Church

First Confession / Communion 2017

435 4th St NE Minneapolis, MN 55413 Phone: (612) 379-4996







Family Name:					
Parish ¹ *:					
Home Address:					
City:		S	State:		Zip:
Home Phone: (_)	Cell Phone: ()	
Family e-mail addres	ss ² **:				
P		nes as they appear of a copy of Baptismal	_		
Child's Name:First I		Middle Name		Last N	ame
Date of Birth:/	/Pl	ace of Birth:		City/Si	
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 1st Communion Catechism for class.

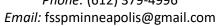
^{1*} If the family is registered at another parish please fill out the second page.
2** This is the primary means of communication between the church and your family.



All Saints Catholic Church

First Confession / Communion 2017

435 4th St NE Minneapolis, MN 55413 *Phone:* (612) 379-4996



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



Non-Parishioners' Information

Father/Guardian:		Religion:				
Occupation:	Employer:					
Home Phone: ()	Cell Phone: ()					
Sacraments Received:	ism □ Communion	□ Reconciliation	□ Confirmation			
Mother/Guardian:		Religion:				
Maiden Name:						
Occupation:	Employer:					
Home Phone: ()	Cell Phone: ()				
Sacraments Received: Bapti	ism □ Communion	□ Reconciliation	□ Confirmation			
Marital Status: □ Married □	Single □ Divorced □	Widowed				
Church of Marriage:						
Date:/ City: _		State:	_			