

Ave Maria Catholic Church  
5078 Pope John Paul II Blvd. Ste.#107  
Ave Maria, FL 34142 [avemariaparish.org](http://avemariaparish.org)  
(239)261-5555

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**FIRST COMMUNION ONLY:  
Baptismal Certificate**

**BAPTISM/FIRST COMMUNION:  
Signed/Dated/Sealed Godparent  
form**

## OCIC (RCIC) 2024-2025

\*Cost: \$70.00 per child with a family max of \$160.00

**What Sacraments are needed:** \_\_\_\_\_ **Baptism** \_\_\_\_\_ **First Communion:**

**Child's Information (PLEASE PRINT):**

**Full Name:** \_\_\_\_\_

(for sacramental certificate)

**DOB:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Was your child adopted? Y/N** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Parent's Information:**

**Mother's Full Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

(First/Middle/MAIDEN)

**Cell#:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Home Address (City/St/Zip):** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

(First Middle/Last)

**Cell#:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Home Address (City/St/Zip):** \_\_\_\_\_

**Religious Background:** Please describe your child's previous religious education (if any) and prior contact with the Catholic Church or other Christian denominations: \_\_\_\_\_

**Please read the following carefully before signing:**

I understand that my child's preparation for First Confession and First Communion is for a way of life most effective when modeled in the family. I am willing to make the commitments necessary to support their faith formation; including family participation at weekend Masses, Holy Days of Opportunity, attending preparation classes, sacramental practices, and keeping up with the at home portion of his/her preparation. After the reception of sacraments, I will continue to support my child's religious education and encourage this lifetime process of ongoing conversion.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(see back page for additional family registration)

**FOR OFFICE USE:**

**Baptismal Certificate:** \_\_\_\_\_

**Godparent(s):** \_\_\_\_\_

**Sacraments conferred/date:** \_\_\_\_\_

**Child 2:**

**Full Name:** \_\_\_\_\_

**(for sacramental certificate)**

**DOB:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Was your child adopted? Y/N Place of Birth:** \_\_\_\_\_

**Child 3:**

**Full Name:** \_\_\_\_\_

**(for sacramental certificate)**

**DOB:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Was your child adopted? Y/N Place of Birth:** \_\_\_\_\_

\*If you have questions or need to discuss payment options please contact

**Becky Hampton DRE Ave Maria Parish at [becky.h@avemariaparish.org](mailto:becky.h@avemariaparish.org).**

Thank you for your support and we look forward to journeying with your family through sacramental preparation.