

# DATA FOR FIRST EUCHARIST REGISTRATION

**St. John the Baptist**  
106 West Main Street, PO Box 8  
Vermillion, MN 55085  
651-437-5652

**St. Mary**  
8433 239<sup>th</sup> Street  
Hampton, MN 55031  
651-437-5546

**St. Mathias**  
23315 Northfield Blvd.  
Hampton, MN 55031  
651-437-9030

**Name of Candidate:** \_\_\_\_\_

**Residence (Address):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Birth:** Date \_\_\_\_\_ Place \_\_\_\_\_

**Baptism:** Date \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

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

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

**Church of Parent's Marriage:** \_\_\_\_\_

*Bring a copy of baptismal certificate.*