

## APPLICATION FOR THE RECEPTION OF THE SACRAMENTS OF FIRST RECONCILIATION AND FIRST COMMUNION

Please print clearly the information requested below and return the completed form together with all required documents as soon as possible to Parish Office. No one may receive a sacrament unless sufficient instruction has been provided in Catholic teaching, especially with regard to the Sacraments of Reconciliation and Communion. For this reason, all candidates for First Reconciliation and First Communion must attend all PREP classes & retreats faithfully.

CHILD'S FULL NAME		AGE
DATE OF BIRTHPLACE OF BIRTH		тн
FULL ADDRESS		
		YOUTH T-SHIRT SIZE (Circle) S M LG XL XXL
SCHOOL	HOME P	ARISH
(Notice: If not registered, you	may NOT BE CONFIRMED without wr	itten acknowledgement from Pastor of home parish.)
FATHER'S NAME		
MOTHER'S MAIDEN NAME		
PARENT/GUARDIAN EMAIL		PHONE NUMBER
	RECORD OF BAPTI	SM
DATE OF BAPTISM	CHURCH OF BAPTISM	
CITY	STATE	ZIP CODE
application. In that case, prov required information. If the cl	ide date of Baptism as closely as you conild was NOT baptized at this Parish, and If your child is registered with Holy S	Parish, no certificate needs be submitted with this can as we will consult our Parish records for the copy of the Certificate of Baptism must be Spirit Catholic School, your child's baptismal
		sacramental preparation retreats (Reconciliation rch office directly on or before the first retreat.
Parent/Guardian Signature		Holy Spirit Pastor or Designee