



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.

CHILD'S FULL NAME _____ AGE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

ADDRESS _____ DATE OF BIRTH _____

SCHOOL _____ HOME PARISH _____

(Notice: If you are not from this Parish, your child MAY NOT RECEIVE COMMUNION here without permission in writing from the Pastor of your home Parish.)

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

PARENT/GUARDIAN EMAIL ADDRESS _____

PARENT/GUARDIAN PHONE NUMBER _____

RECORD OF BAPTISM

DATE OF BAPTISM _____ CHURCH OF BAPTISM _____

CITY _____ STATE _____ ZIP CODE _____

(Notice: If your child to receive First Communion was baptized at this Parish, no certificate needs be submitted with this application. In that case, provide date of Baptism as closely as you can as we will consult our Parish records for the required information. If the child was NOT baptized at this Parish, a copy of the Certificate of Baptism must be submitted with this application. If our child is registered with Holy Spirit Catholic School, your child's baptismal certificate needs to be on file at the school.)

No one may be confirmed unless they have received sufficient instruction 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 and retreats faithfully.

Signature of Parent/Guardian