

# FIRST COMMUNION & RECONCILIATION INFORMATION SHEET

Baptismal Name:

\_\_\_\_\_

Name you want on Certificate:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Address:

\_\_\_\_\_

Father's Name:

\_\_\_\_\_

Mother's Maiden Name:

\_\_\_\_\_

Baptized at I.C. Yes \_\_\_ No \_\_\_ / St. Joseph Yes \_\_\_ No \_\_\_

(If No, please supply us with a copy of your child's baptismal certificate)

Phone Number:

\_\_\_\_\_

