



1st Reconciliation & 1st Eucharist

Sacred Heart Office of Faith Formation

400 Nilles Rd., Fairfield. OH 45014
(513) 858-4213 or FAX (513) 858-4211

FIRST RECONCILIATION & FIRST EUCHARIST 2020-2021 REGISTRATION

OFFICE USE ONLY PLEASE

ID# _____ RECORDED BK:

POSTED PDS:

Date of Reconciliation: _____

Date of FE/Mass: _____

Please complete ALL information

Baptismal Name _____
PLEASE PRINT CLEARLY! (First) (Middle) (Last)

Home Address _____
(Street) (CITY) (ZIP)

Did your child attend REP or Day School classes at Sacred Heart Church last year? _____

If not, were they enrolled in a Catholic program elsewhere? _____

If so, where? _____

(We will require confirmation of their attendance from that parish.)

Date of Birth _____ Age Now _____ Place of Birth _____
(City) (State)

Church of Baptism _____
(COMPLETE ADDRESS REQUIRED, IF NOT A LOCAL CATHOLIC PARISH)

Street City State zip
NO Baptismal Cert. is required if child was baptized at Sacred Heart, only date (or approx.) of Baptism.

DATE of BAPTISM _____ and PROFESSION OF FAITH if not baptized Catholic _____
(Month/day/year) **CONTACT FR.THARP IF NOT BAPTIZED CATHOLIC** (Month/day/year)

Please list faith of each parent. Mother _____ Father _____

Father's Name _____
(As appears on Baptismal Cert.) (First) (Middle) (Last)

Home/Wk Phone: _____ Cell: _____

Mother's Name _____
(As appears on Baptismal Cert.) (First) (Middle) (Maiden) (Last)

Home/Wk Phone: _____ Cell: _____

Legal Guardian or Step-Parent _____
(If NOT birth parent) (First) (Middle) (Maiden) (Last)

Home/Wk Phone: _____ Cell: _____

Contact
Email address: _____

OFFICE USE ONLY BELOW THIS LINE: ~~~~~

Candidate was not baptized at Sacred Heart (copy is attached) _____ Profession of Faith _____

Candidate baptized at Sacred Heart (info verified) Book# _____ Page # _____ Entry# _____

Teacher/Catechist Name: _____ Gr. _____ Room # _____