



Holy Disciples Parish

Request for First Reconciliation and First Communion

Child's Name _____
FIRST MIDDLE LAST

Date of Birth ____/____/____ Age _____ Grade _____

Name of School _____

Place of Birth _____
CITY STATE

Please select one of the following choices:

1. ____ My child is a baptized Catholic
2. ____ My child was baptized in another faith tradition: _____
DENOMINATION

Date of Baptism ____/____/____

Place of Baptism _____
CHURCH NAME CITY STATE

**WE WILL NEED A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE.
PLEASE ATTACH TO THIS FORM.**

Father's Name _____

Mother's Name _____ Maiden Name _____

Address _____
STREET CITY ZIP

Phone Number _____ E-mail _____

CHILD'S NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE:

FIRST

MIDDLE

LAST

Materials Fee: \$20.00 per child per sacrament

Cash _____ Check # _____ Check amount _____

Enrolled in "*Breathe*" Program _____