

Year II - Reconciliation Request Form

Form last Updated on: March 2, 2017

By signing this form, I—the parent/guardian—am requesting that my child be brought into Full Communion with the Catholic Faithful through the Sacraments of Confirmation and First Eucharist. My child, whom I am requesting Full Communion for is:

Baptismal Name:

First Name: _____

Middle Name: _____

Last Name: _____

Confirmation Name: _____

The Confirmation Name must be the name of a Canonized Saint.

I understand that my child will be receiving their First Reconciliation in the second year of the Sacramental Preparation Program.

Child's Information:

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Current Grade: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - _____

Baptismal Information:

Date of Baptism: ____ / ____ / ____

Church of Baptism: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Was your child Baptized according to the Eastern Rite of the Church? Yes No

Please, provide a copy of the Baptismal certificate with this form. If your child was Baptized at the parish you will be receiving Confirmation, you need not provide a copy of your Baptismal certificate: we will already have it on file.

Parish Membership:

Our Family are registered parishioners of: _____

Our Family attends Mass: Regularly Occasionally Seldom Never

Sponsor's Information:

Sponsors MUST be practicing Catholic, confirmed, and in good standing. As such, they must turn in a letter of Good Standing from their Pastor. The sponsor must be at least 16 years old.

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone: (____) ____ - _____

Child's Relationship to Sponsor: _____

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Father/Guardian's Information:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Phone:(_____) - _____

Work Phone:(_____) - _____

E-Mail: _____

Relationship to the Child (If not the Father): _____

Mother/Guardian's Information:

You may leave areas blank that are the same as the Father/Guardian's Information.

First Name: _____

Middle Name: _____

Maiden Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Phone:(_____) - _____

Work Phone:(_____) - _____

E-Mail: _____

Relationship to the Child (If not the Mother): _____

Signatures for First Reconciliation Request:

Child's Signature: _____

Parent/Guardian's Name Printed: _____

Parent/Guardian's Signature: _____

Date: ____ / ____ / ____

