FIRST RECONCILIATION AND FIRST COMMUNION PREPARATION FORM PLEASE RETURN FORM BY SEPTEMBER 27, 2016



(Please use proper names)

Child's Full Name_		(First)	(M	liddle)	(Last)	
Home Address		,	,	,		
Email Address			F	Phone Number ₋		
Date of Birth	(Month)	(Day)	(Year)	Age at time of	First Comm	union
City/State of Birth _				Phone		
Father's Full Name (use proper name)		(First)	(Middle)	(Las	t)	
Mother's Full Name (use proper name)		(First)	(Middle)	(Las	t)	(Maiden)
Church of Baptism						
Church Address						

IF BAPTISM WAS NOT AT LITTLE FLOWER, PLEASE CONTACT THE CHURCH OF BAPTISM AND ASK THEM TO SEND US A COPY OF THE BAPTISMAL CERTIFICATE.

WE MUST HAVE BAPTISMAL CERTIFICATES ON FILE BY NOVEMBER 14, 2016.

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Office Use only:	FC Book	P/S	Baptism Book	Church of Bapt. Notified
		TION 16 17	TDI ID	
FIRST COMMUN	HON KEGISTRA	ATION 16-17	'.PUB	