

**FIRST RECONCILIATION AND
FIRST COMMUNION PREPARATION FORM**

PLEASE RETURN FORM BY SEPTEMBER 27, 2016

(Please use proper names)



Child's Full Name _____
(First) (Middle) (Last)

Home Address _____

Email Address _____ Phone Number _____

Date of Birth _____ Age at time of First Communion _____
(Month) (Day) (Year)

City/State of Birth _____ Phone _____

Father's Full Name _____
(use proper name) (First) (Middle) (Last)

Mother's Full Name _____
(use proper name) (First) (Middle) (Last) (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.**