



# OUR LADY QUEEN OF MARTYRS SCHOOL

serving the educational needs of children since 1932

71 Arden Street

New York, New York 10040-1101

212.567.3190

## Reconciliation/Communion/Confirmation Form

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Telephone Number \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Church of Baptism  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**A xerox copy of the Baptismal Certificate must be attached to this form.**

I give permission for my child to be instructed for the reception of the Sacraments of Reconciliation, Communion and Confirmation and I understand the requirements of weekly Mass attendance.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Mr. Andrew G. Woods, M.S. Ed., M.S. Admin.

*Principal*