

1<sup>ST</sup> RECONCILIATION APPLICATION  
St. Peter Catholic Church

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Birthday \_\_\_\_\_

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Religion \_\_\_\_\_

I was Baptized at \_\_\_\_\_ on \_\_\_\_\_



If you were not Baptized at St. Peter's, I will need a photocopy of the certificate for the registry.



Please return this to the Faith Formation Office.  
Thank you.