

IHM Sacramental Preparation 2020-2021
Information Sheet for First Reconciliation/First Communion
(Please print *legibly*)

Child's Full Name _____
First Middle Last

Circle: Male/Female

Address _____

City _____ State _____ Zip _____

Best contact number: (____) _____ Email _____

Date of Birth _____ Age _____ School _____
Month Day Year

Place of Birth _____
City State

Date of Baptism _____

Church of Baptism _____

Mailing Address of Church of Baptism:

Street City State Zip

Full Name of Father _____
First Middle Last

Full Maiden Name of Mother _____
First Middle MAIDEN NAME

*****Please submit a copy of Baptismal certificate for non- IHM baptisms*****

Office Use Only

Form received	Baptismal Certificate Verified	Reconciliation received	Eucharist Date	Recorded