

SACRAMENTS OF 1st RECONCILIATION & 1st COMMUNION - APPLICATION FORM

This form is to be completed by all parents/guardians.

CHECK OFF ONE Parish location for these Sacraments

<input type="checkbox"/> St. Boniface, Zurich	<input type="checkbox"/> St. Peter's, St. Joseph	<input type="checkbox"/> Immaculate Heart of Mary, Grand Bend	<input type="checkbox"/> Our Lady of Mt. Carmel, Mt. Carmel	<input type="checkbox"/> Precious Blood, Exeter	<input type="checkbox"/> St. Peter's, Goderich
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CHILD'S FULL NAME: _____
First Name Middle Name(s) Family Name

DATE OF BIRTH (mm/dd/yyyy): _____ Male Female

NAME OF SCHOOL CHILD ATTENDS: _____ GRADE: _____

CHILD RECEIVED SACRAMENT OF RECONCILIATION *? Yes No

CHURCH OF CHILD'S BAPTISM *: _____ DATE (mm/dd/yyyy): _____

*If your child was Baptized and received their 1st Reconciliation at any of the 6 parishes in our Family of Parishes, we will have their information on file. If your child was Baptized in another parish and you do not have a copy of their Baptismal Certificate, then please contact the parish where the Baptism took place and they will provide the copy to you. Please send the copy to the Pastoral Worker.

CHILD'S HOME ADDRESS: _____ APT/UN: _____

CITY: _____ POSTAL CODE: _____ PHONE #: _____

EMAIL ADDRESS: _____

FATHER'S FULL NAME: _____ RELIGION: _____

MOTHER'S FULL NAME (include maiden name): _____ RELIGION: _____

I/WE ATTEND CHURCH AT: _____

HOW OFTEN DO YOU ATTEND MASS (PRIOR TO COVID)? _____

For Office Use Only	Notes
Form Received	Are they registered members? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contacted	
Prep. Course	
1 st Reconciliation Date	
1 st Communion Date	
Registry	

I/We understand that the information provided on this form is for the use of the Lake Huron Catholic Family of Parishes for providing pastoral care and will not be shared with any other organization.

Signature(s) of Parent(s) or Guardian(s)**

Date

**No signature required if filled out by Pastoral Worker or Priest with verbal consent of parents/guardians