

# First Eucharist/Reconciliation Information Sheet

Family Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Parent's Email Address \_\_\_\_\_

Candidate's Name \_\_\_\_\_  
(first) (middle) (last)

Grade \_\_\_\_\_ School \_\_\_\_\_

Baptismal Information – Please indicate approximate date of your child's baptism and the name and location of the church where s/he was baptized. If your child was NOT baptized at St. Ignatius, please forward a copy of your child's baptismal certificate to the Faith Formation Office by March 1<sup>st</sup>).

\_\_\_\_\_

Date of Baptism

Church

Received Baptismal Certificate \_\_\_\_\_

Please return this form to the Faith Formation Office no later than October 1.