

Office of Youth Education and Spirituality  
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Fees: \$15 (scholarships available)	
Cash	_____
Check	_____
Other	_____
For office use only	

## FIRST RECONCILIATION/FIRST COMMUNION FORM 2010-2011

**RETURN THIS FORM BY 10/1/10 WITH A COPY OF YOUR BAPTISMAL CERTIFICATE**  
*(Baptismal Certificate not necessary if you were baptized at Saint Ann, Holy Family or Annunciation of the Lord)*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
**(PROVIDE FIRST, MIDDLE, and LAST NAME)**

School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Last Name of Family/Household \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Email \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street City Zip

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
**(PROVIDE MOTHER'S MAIDEN NAME)**

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Mail should go to: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Mother's address, if different \_\_\_\_\_

Father's address, if different \_\_\_\_\_

Emergency Contact other than parent \_\_\_\_\_ Phone \_\_\_\_\_