



ST. ANTHONY'S CATHOLIC CHURCH

Request for FIRST RECONCILIATION

Request for FIRST EUCHARIST

CHILD'S NAME: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH: MONTH/DAY/YEAR	PLACE OF BIRTH: CITY/COUNTRY
CHURCH OF BAPTISM: PARISH NAME/CITY/COUNTRY	SCHOOL:
DATE OF BAPTISM: MONTH/DAY/YEAR	GRADE:
FATHERS NAME: SURNAME	GIVEN NAMES:
MOTHER'S NAME: SURNAME/MAIDEN NAME	GIVEN NAMES:
CONTACT INFORMATION: NAME & ADDRESS	EMAIL/CELL PHONE:
FATHER'S SIGNATURE & DATE:	MOTHER'S SIGNATURE & DATE:

PLEASE PROVIDE A COPY OF THE CHILD'S BAPTISM CERTIFICATE

