

Fourteen Holy Helpers Religious Education Information for Eucharist

Child's legal name: _____ Father's Name: _____

Mother's First & Maiden: _____ Child's date of birth & age ____/____

Home Address: _____

(Street)

(City)

(State and zip code)

Phone Numbers: home _____ cell _____

Parish: _____

Email Address: _____

Date and Parish of Baptism: (We must have a copy of your child's baptismal certificate for our files)

(Date)

(Parish)

(Address – Street, City, and State)

*Sacramental Fee to cover
supplies, etc. is \$20.00*

Date and Parish of Reconciliation

(Date)

(Parish)

(Address – Street, City, and State)

***If we don't already have a copy of your baptismal certificate, please make sure that we receive one as soon as possible.**

****Print your child's name on the line below as you would like to see it written on their First Reconciliation Certificate.**

Example, John Jacob Smith or John J Smith or John Smith (no nicknames, please)

For Office Use only: Sacramental fee Paid: _____ cash _____ check no.

Date: _____

Baptismal certificate: _____ yes _____ no