Fourteen Holy Helpers Religious Education Information for Eucharist 2022

Child's legal name:		Father's Name:			
Mother's First & Maider	n:	Child's date of b	irth & age	<i>J</i>	
Home Address:					
	(Street)	(City)	(State ar	nd zip code)	
Phone Numbers: home		cell			
Parish:					
Email Address:					
Parish of Baptism: (We r	must have a copy of your chi	ld's baptismal certificate	for our files)		Sacramental Fee to cover supplies, etc. is \$20.00
(Parish)	(Address – Street, City, and	State)			
Parish of Reconciliation					
(Parish)	(Address – Street, City, and	State)			
*If we don't already have	e a copy of your baptismal co	ertificate, please make su	re that we receive	one as soon a	as possible.
**Print your child's name	e on the line below as you w	ould like to see it written	on their First Reco	nciliation Ce	rtificate.
Example, John Jacob Smi	th or John J Smith or John Si	nith (no nicknames, pleas	e)		
For Office Use only: Sacran Baptismal certificate:	nental fee Paid: cash _ yes no	check no.		Date:	