

Reconciliation First Communion Preparation Form 2017-2018

Name of person to receive sacrament _____

School Attending _____ Grade (Sep 2017) _____

Date of Birth _____ Date of Baptism _____

Place of Birth _____
(City) (State)

Church of Baptism _____

Church of Baptism Address _____
City State ZIP

Father's Name _____
(First) (Last)

Mother's Name _____
(First) (**Maiden**)

Parent(s) Mailing Address: email address: _____

Address _____
(Street) (City) (ZIP)

Home Phone _____ Cell Phone _____

**** COST for Reconciliation is \$25.00 per student

**** COST for First Communion is \$25.00 per student

If student was no Baptized at St. John of Rochester
Please provide a copy of their Baptismal Certificate