

Saint Theresa Religious Education
2024-2025 First Reconciliation Application

Name of Child _____, _____, _____

Last Name

First Name

Middle Name

Father's Last Name _____ Father's First Name _____

Mother's **MAIDEN** Name _____ Mother's First Name _____

Street Address _____

Town/City _____ State _____ Zip _____

Phone # _____ EMAIL _____

Date of Birth _____ Place of Birth City, State _____

Date of Baptism _____

Name of Church where **child was baptized**** _____

Address Of Church of baptism Town/City _____

Parish where family is **registered** _____

Address of Parish of Registration Town/City _____

**** If not baptized at St Theresa Parish, please provide a copy of child's baptismal certificate and submit with this application. Thank you.**

PLEASE RETURN THIS FORM WITH THE \$40 SACRAMENT FEE
(If not already paid at time of registration)

FOR OFFICE USE ONLY

AMOUNT PAID _____ CASH/CHECK/ONLINE _____ DATE _____