

# Saint Theresa Religious Education

## 2023-2024 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 \_\_\_\_\_