

OUR LADY OF LOURDES

First Reconciliation and First Communion

Application Form

NAME OF SCHOOL

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CHILD'S FIRST NAME

MIDDLE NAME(S)

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH

DD/MM/YYYY

DATE OF BAPTISM

DD/MM/YYYY

CHURCH OF BAPTISM

CITY/COUNTRY

<input type="text"/>	<input type="text"/>
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FATHER'S FIRST & LAST NAME

MOTHER'S FIRST & MAIDEN NAME

HOME ADDRESS, CITY, POSTAL CODE

HOME TELEPHONE NUMBER/CELL NUMBER

DECLARATION OF INTENT and ACKNOWLEDGEMENT OF COMMITMENT:

It is my/our intention that my/our child receives the Sacraments of First Reconciliation and First Communion in the community of **Our Lady of Lourdes**. I/We acknowledge our responsibility to journey with him/her at home and commit to support him/her in the best way during and after this preparation. As parent(s)/guardian(s) I/we recognize that the best way of accomplishing this obligation is by faithful attendance at Sunday Eucharist.

PARENT/GUARDIAN SIGNATURE

DATE

Please indicate the number of people in your immediate family:

Seating will be reserved for the child's parents and brothers and sisters only. Please do not include child receiving 1st Holy Communion in this number. All communicants will be seated together. Seating will NOT be reserved for grandparents and extended family