

**FIRST RECONCILIATION AND FIRST HOLY COMMUNION  
APPLICATION FORM 2017**

Child's Full Name

Date of Birth

(Your child must have celebrated his / her 8th birthday by 31 August 2017 to qualify)

Parents Name	Father	<input type="text"/>	Catholic	Yes	<input type="text"/>	No	<input type="text"/>
	Mother	<input type="text"/>	Catholic	Yes	<input type="text"/>	No	<input type="text"/>

Where was your child baptised?

If anywhere other than in the Parish of Christ the Prince of Peace, a copy (not original) of your child's certificate of baptism **must** accompany this application.

Postal Address

email

mobile

landline

Child's School

**Please notify us there of any particular medical or educational needs your child may have**

Mass **Please confirm that your family regularly attend Mass at Christ the Prince of Peace**  
Yes  No

**If you are prepared to make this commitment, please complete below**

*We have read and understood our commitment and we are prepared to support and become involved in the First Reconciliation and First Holy Communion Programme 2017*

Signed

Date

Parent / Guardian

2017