ST. MICHAEL CATHOLIC CHURCH RECONCILIATION & FIRST COMMUNION APPLICATION

(FOR 2025-2026 SACRAMENTAL PREPARATION PROGRAM)

(PLEASE RETURN COMPLETED FORM BY: <u>JANUARY 1, 2026</u>)

PLEASE PRINT CLEARLY:

Name of Child (Candidate):			
Sex: Dat	te of Birth:		
Birth Place (city, state and cour	ntry):		
Home Address:			
City:			
Phone Numbers: (Home or Cel	11)	Email:	
Father's Name:			
Mother's (Maiden) Name:		Religion:	
Date of Child's Baptism:			
Location of Child's Baptism: (Name of Church)		*
	City/State)		
REQUIREMENTS FOR			
 Must be a registered me Must regularly and acti Must have completed a previous year (prior to to) 	Roman Catholic Church ember of the St. Michael vely participate in the we parish-level children's R the year of sacramental p led and participating in t	Parish; bekend liturgies of the Religious Education (reparation); <u>and</u>	ne parish; (R.E.) Program during the
(Signature of Parent/Guardian)			(Date)
(* <u>Documentary proof of the</u> candidates (baptized outside Reconciliation and First Coccurred and request a bapt please.) Location where Sacramental Propagate and time of First Communication of Priest Celebrant:	of the St. Michael Parisonmunion, must contismal certificate be for For office us	sh) desiring the rec act the parish wh warded to the St. M se only	eption of the Sacraments of nere their child's baptism Michael parish office ASAP

(Revised: 08/02/2025)