

**ST. MICHAEL CATHOLIC CHURCH**  
**RECONCILIATION & FIRST COMMUNION APPLICATION**

**(FOR 2024-2025 SACRAMENTAL PREPARATION PROGRAM)**

(PLEASE RETURN COMPLETED FORM BY: **JANUARY 1, 2025**)

**PLEASE PRINT CLEARLY:**

Name of Child (Candidate): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Place (city, state and country): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: (Home or Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's (Maiden) Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Child's Baptism: \_\_\_\_\_

Location of Child's Baptism: (Name of Church) \_\_\_\_\_ \*

(City/State) \_\_\_\_\_

**REQUIREMENTS FOR RECEPTION OF RECONCILIATION & FIRST COMMUNION**

- Must be baptized in the Roman Catholic Church and at least 7 years of age; \*
- Must be a registered member of the St. Michael Parish;
- Must regularly and actively participate in the weekend liturgies of the parish;
- Must have completed a parish-level children's Religious Education (R.E.) Program during the previous year (prior to the year of sacramental preparation); **and**
- Must currently be enrolled and participating in the parish's Children's R.E. Program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

( \* **Documentary proof of the child's baptism must be on file in the parish office. Parents of those candidates (baptized outside of the St. Michael Parish) desiring the reception of the Sacraments of Reconciliation and First Communion, must contact the parish where their child's baptism occurred and request a baptismal certificate be forwarded to the St. Michael parish office ASAP please.** )

**For office use only**

Location where Sacramental Preparation was completed: \_\_\_\_\_

Date and time of First Communion: \_\_\_\_\_

Name of Priest Celebrant: \_\_\_\_\_

Information posted: ParishSoft \_\_\_\_\_ Ledger \_\_\_\_\_ Page \_\_\_\_\_ Line \_\_\_\_\_

(Revised: 07/26/2024)