

**Fourteen Holy Helpers/St. John XXIII Religious Education**

**Information for Reconciliation**

Child's legal name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's First & Maiden: \_\_\_\_\_ Child's date of birth & age \_\_\_\_\_

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

(Street)

(City)

(State and zip code)

Phone Numbers: home \_\_\_\_\_ cell \_\_\_\_\_

Parish: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Sacramental Fee to cover  
supplies, etc. is \$20.00*

Date and Parish of Baptism: \_\_\_\_\_

(Date)

(Parish)

(Address – Street, City, and State)

**\*If we don't already have a copy of your baptismal certificate, please make sure that we receive one as soon as possible.**

**\*\*Print your child's name as you would like to see it written on their First Reconciliation Certificate.**

**Example, John Jacob Smith or John J Smith or John Smith (no nicknames, please)**

For Office Use only: Sacramental fee Paid: \_\_\_\_\_ cash \_\_\_\_\_ check no.

Date: \_\_\_\_\_

Baptismal certificate: \_\_\_\_\_ yes \_\_\_\_\_ no

