

FIRST RECONCILIATION & EUCHARIST REGISTRATION SHEET

- YES**, we wish our son or daughter to celebrate the Sacrament of Reconciliation and Eucharist.
- NO**, our son or daughter has decided not to celebrate the Sacrament of Reconciliation and Eucharist.

Child's Name: _____
please print full name

Place of Birth: _____

Date of Birth: _____

Date of Baptism: _____

Place of Baptism: _____
complete name and address of church

Please note:
If your child was not baptized at St Mary of the Visitation Parish, Cambridge,
please attach a photocopy of your child's baptismal certificate to this form.

Father's Name: _____ Religion _____

Mother's Name: _____ Religion _____

Mother's Maiden name: _____

Family Address: _____

_____ Postal Code _____

Phone Number: _____

Child's school and Teacher's Name : _____

Signature of parent