

## ST. JOHN THE BAPTIST CHURCH

ANNITSFORD

## ROMAN CATHOLIC DIOCESE OF HEXHAM AND **NEWCASTLE**

## ST BENET BISCOP PARTNERSHIP

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annitsford@diocesehn.org.uk .stjohn.annitsford@diocesehn.org.uk



0191 - 2500200



St. John the Baptist Church, Annitsford, Cramlington - NE23 7 QR, Northumberland, UK

RECONCILIATION AND FIRST HOLY COMMUNION (see note 1)					
Child's Full Name:					
Child's Date of Birth:					
Parents'/Guardians' Names:					
Address:					
Post Code:					
Home phone number: (see note 2)					
Mobile number: (see note 2)					
eMail address: (see note 2)					
Baptismal Date: (see note 3)					
Name and Place of Church where baptised:					
Name of school attending:					
Class year:					
Home Parish:					

child	.taking	part in	the	First	Holy	Communion	and	Reconciliat	ic
Programme and agree to attend	weekly	Mass.			_				
3	,								
Signed		(	pare	nt/gua	ardiar	n) Date			

I would like my child to make their First Holy Communion in 20--. I agree to my

Note 1: This form MUST be completed in full if you wish to have your child make their First Holy Communion;

Note 2: Contacts - where possible please supply all three contact details: if not, supply at least one; if more than one mobile number that should be contacted, please supply all numbers;

Note 3: The exact full baptismal date must be supplied; if not known, please contact parish of baptism. Proof of baptism must be supplied.