



St. John the Baptist R.C. Church, Annitsford

ROMAN CATHOLIC DIOCESE OF HEXHAM & NEWCASTLE

SACRAMENTS OF RECONCILIATION AND FIRST HOLY COMMUNION REQUEST FORM

Candidate's Name
Candidate's Date of Birth
Date of Baptism
Name of Church where Baptised
Place of Church where Baptised
.....

Mother's Name Baptised Catholic Y/N
Mother's Maiden Name
Father's Name Baptised Catholic Y/N
Family Address
.....
.....

Post Code
Home Phone Number (see Note 1)
Mobile Number (s) (see Note 1)
Email address (see Note 1)

Name of School attending
Class Year
Home Parish

I would like the above Candidate to receive the Sacraments of Reconciliation and First Holy Communion and I / we agree that I / we will attend the Reconciliation & First Holy Communion Preparation Course Meetings, and to attend weekly Mass.

Signed (Parent / Guardian) Date
Signed (Parent / Guardian) Date
Signed (Candidate). Date

IMPORTANT

This Form must be completed fully and returned to Fr. Manoj Joseph either personally or to the postal address or email address shown below.

NOTE 1: 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 2: The exact baptismal information for the Candidate MUST be supplied. If unknown please contact the Parish of Baptism. **PROOF OF BAPTISM must also be supplied.**

Office Record:	
Request received	
Parents contacted.	
Sacramental Preparation Date.	
Certificate issued	
Registers updated	

