

CATHOLIC PARISHES OF
ST BEDE | ST BENEDICT | ST JAMES

First Reconciliation and First Communion Application Form

Child's name (as to appear on the certificate) _____

Place of birth _____ Date of Birth ____/____/____

Parish of Baptism _____

Date of Baptism ____/____/____ (Baptism Certificate MUST be provided)

School child attends _____

Mother's name _____

Mother's maiden name _____

Mother's religion _____

Father's name _____

Father's religion _____

Address _____

Email _____

Phone _____

Please note:

Full participation in all aspects of the preparation programme is required for children to receive the Sacraments of Reconciliation and First Communion.

Please tick to indicate your acknowledgement of participation.

I would like my child to begin preparation for Reconciliation and First Holy Communion.

My child will attend all preparation sessions.

Please inform us if your child has any medical, dietary needs or allergies that we should be aware of:

Please return this form and a copy of your child's baptismal certificate to St Benedict's Parish Office (address below) or email to admin@bbjcatholicparishes.org.au.

PHONE: 02 9660 1407 EMAIL: admin@bbjcatholicparishes.org.au WEB: www.stjames-stbede.org.au

OFFICE: 104 Broadway, Chippendale NSW 2008 | POSTAL: PO Box 22, Glebe NSW 2037

ST BEDE PARISH: 43 Pyrmont Street, Pyrmont | ST BENEDICT PARISH: 104 Broadway, Chippendale

ST JAMES PARISH: 2 Woolley Street, Forest Lodge