

FIRST RECONCILIATION CANDIDATE INFORMATION FORM 2012

CHILD'S FULL NAME _____
first middle last

FATHER'S NAME _____

MOTHER'S NAME _____
first maiden last

ADDRESS _____
street city zip

PHONE _____ (home cell) _____ (home cell)
circle one circle one

Child lives with ____ both parents ____ mother ____ father

CHILD'S DATE OF BIRTH _____
month day year

DATE & PARISH OF CHILD'S BAPTISM

month day year church and city

Are you currently registered at St. Francis of Assisi parish? ____ yes ____ no

If "no", would you like to register? ____yes ____no

Any questions? Call Sue Ann Saltarelli at 694-5342 (o) 909-7110 (c)

Please return to the Faith Formation Office by November1, 2012. Thank you!