

**The Parish of All Saints' Lanchester**

**Application Form for Sacraments of:**

**First Reconciliation and First Holy Communion**

**Child's Details:**

Surname	
Christian Name (s)	
Address	
Date of Birth	
Date of Baptism	
Place of Baptism	
School Attended	

**Parent/Guardians' Details:**

Mother's Name	
Religion	
Address	
Home Phone Number	
Mobile Phone Number	
Email Address	
Father's Name	
Religion	
Address	
Home Phone Number	
Mobile Phone Number	
Email Address	

Any other important information about your child i.e. allergies, medical issues etc.:
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I/we \_\_\_\_\_

would like \_\_\_\_\_

to make his/her First Reconciliation and First Holy Communion.

We understand and agree to ensure \_\_\_\_\_ attends the preparatory sessions and special Masses and will sincerely try to attend Sunday Mass regularly. We will also attend and participate in the session for parents/guardians.

**Signed:**

**Date:**