

## First Reconciliation / First Eucharist Information

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Child's DOB \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date \_\_\_\_\_

Address of Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If your child was not baptized at St. Andrew, please submit a copy of their Baptismal Certificate.

This information is needed to record your child's First Eucharist with the church where they received their baptism.

Please return this form in an envelope marked "1<sup>st</sup> Eucharist" along with a \$25 check payable to St. Andrew Apostle.

If you have questions, please contact Mary Tull at 301 649 4200.