

Holy Cross Catholic Church

Request for First Reconciliation and First Eucharist

Child's Name _____
First Middle Last

Mother's Name _____
First Maiden Last

Father's Name _____
First Middle Last

*Baptism Date _____ Location _____

*Please attach a copy of the Baptismal Certificate if child was not Baptized at Holy Cross

My child has been in a Faith Formation Program for at least one full year prior to this request.

Yes _____ No _____ (Please explain on back)

Parent Signature

Date

