

FIRST EUCHARIST CANDIDATE FORM 2024

ST. CATHERINE OF SIENA CHURCH

309 Siena Dr. * Ithaca, NY * 14850 *

(607)-257-2493

(607)-257-5901 FAX

IMMACULATE CONCEPTION CHURCH

113 North Geneva Street * Ithaca, NY * 14850 *

(607) 273-6121

(607)-273-0185 FAX

EMAIL: Rich.Rasmussen@dor.org

Candidate's Name: _____
(First, Middle, Last)

Parent(s) Name(s): _____
(First and Last)

E-mail Address: _____ Mother's Maiden Name: _____

Address: _____
(Street) (Town) (Zip)

Phone: (_____) _____ (_____) _____
(Home) (Daytime or Cell)

Candidate's Date of Birth: _____ Grade Level: _____ Age: _____
(2024-2025)

Place of Birth: _____ Name as you would like it on Certificate: _____

First Reconciliation: Yes ☐ No ☐ _____ / _____
Month Year

*****Only registered parishioners of St. Catherine of Siena Church/Immaculate Conception are eligible for
Sacramental programs. *****

BAPTISMAL INFORMATION (REQUIRED)

Please select one:

☐ Candidate was baptized at St. Catherine of Siena Church _____ / _____ / _____

☐ Candidate was baptized at Immaculate Conception Church _____ / _____ / _____

Month Day Year

☐ Candidate was baptized elsewhere.

Name of Church

City and State

Date of Baptism

***In accordance with Canon Law and the Diocese of Rochester Sacramental Guidelines, proof of the candidate's reception of the
Sacrament of Baptism must be provided. If the candidate was baptized somewhere other than St. Catherine of Siena OR
Immaculate Conception, please call the parish where the baptism took place and have them mail or fax the candidate's Baptismal
Certificate to Rich Rasmussen at the correct address or fax numbers listed above. If they were baptized St. Catherine of Siena or
Immaculate Conception, please supply that information above.***