# Most Precious Blood

**Parish Sacramental Program**
**2020-2021**

Registration for
## Reconciliation & Holy Eucharist
Sacramental Preparation

Student Name: _____

Address: _____

Date of Birth: _____ City/State of Birth:_____

School: _____ Grade: _____

Father's Name: _____ Phone :_____

Father's Email:_____

Mother's Name: _____ Phone:_____

Mother's Email:_____

Is your child baptized in the Catholic Church? Yes No

*If not*, in which denomination was he/she baptized? _____

Name of Church of Baptism: _____

City & State/Country of Baptism: _____

Approx. Date of Baptism: _____

I certify that I am/we are the biological parents and/or legal guardian(s) of _____ and hereby grant permission for him/her to receive the Sacraments of Reconciliation and First Holy Communion.

**I also understand that my child will not be allowed to receive these sacraments unless a Catholic Baptism certificate has first been submitted.**

_____ _____

**Parent/Legal Guardian Signature** **Date**