

OFFICE USE ONLY

Recorded in Database JB BR Date _____

Immaculate Heart of Mary Parish
Application for the Reception of
First Reconciliation & First Communion

Form DUE by Friday, October 4th, 2019

Full Legal Name of Child: _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____

If one or more parents are not Catholic, are you interested in becoming Catholic? Y/N

Street Address: _____

City: _____ Zip: _____

Parent Preferred Phone Contact: _____ Whose? _____

Parent e-mail(s): _____

Child's Date of Birth: _____ City & State of Birth: _____

Date of Child's Baptism: _____ Church of Baptism: _____

Address of Church if Not IHM: _____

***If your child was NOT baptized at IHM, you must submit a COPY of their Baptismal certificate. If you do not have a copy please call the Parish of Baptism for a copy.**

Parish of Registry for Your Family: _____ City: _____

Religion Class Your Child is Enrolled in for 2019-20 (Please check one below):

____ PSR at IHM ____ IHM Day School ____ Other (Please specify) _____

Are there any other special needs, circumstances or concerns you would like to share?