

2018-2019 St. Louis First Reconciliation Sacrament Registration

Candidate Information:

Candidate's Full Name: _____

Street Address: _____ Age: _____

City: _____ Zip code: _____ Birthdate: _____

Father's Name: _____

Mother's Name (including maiden name): _____

Father's Cell Phone #: _____ Mother's Cell Phone #: _____

Home Phone #: _____

Father's Email: _____

Mother's Email: _____

School: _____ Grade: _____

Allergies/Special Needs: _____

Registered Parish: _____

Sacrament Information:

Baptism Church: _____

Baptism date, city, state: _____

* Submit a copy of Baptismal certificate, by March 1, 2019, to Ashlee Campbell, if sacrament was received at a church other than St. Louis

Submit completed form by March 1, 2019, to the DRE, Ashlee Campbell via:

Mail: 35 Edward Street, Buffalo, NY 14202-1505

Fax: 716.853.9225

Email: stlouisfaithformation@gmail.com