

ROMAN CATHOLIC DIOCESE OF HEXHAM AND NEWCASTLE
ST. BENET BISCOP PARTNERSHIP

SACRAMENTS OF RECONCILIATION AND FIRST HOLY COMMUNION REQUEST FORM

Candidate's Name
 Candidate's Date of Birth
 Date of Baptism
 Name of Church where Baptised
 Place of Church where Baptised.

Mother's Name Baptised Catholic YES / NO
 Father's Name Baptised Catholic YES / NO
 Family Address

Post Code
 Home Phone Number (see Note 1)
 Mobile Number (s) (see Note 1)
 Email Address (see Note 1)

Name of School attending
 Class Year

Home Parish

I would like the above Candidate to receive the Sacraments of Reconciliation and First Holy Communion and I / we agree that I / we will attend the Reconciliation & First Holy Communion Preparation Course Meetings and to attend weekly Mass.

Signed (Parent / Guardian) Date
 Signed (Parent / Guardian) Date
 Signed (Candidate). Date

IMPORTANT

This Form must be completed fully and returned to Fr. Manoj Joseph either personally or to the postal address or email address shown below.

NOTE 1: Contacts - where possible please supply all three contact details: if not, supply at least one; if more than one mobile number that should be contacted, please supply all numbers.

NOTE 2: The exact baptismal information for the Candidate **MUST** be supplied. If unknown please contact the Parish of Baptism. **PROOF OF BAPTISM** must also be supplied.

Office Record:

Request received
 Parents contacted.
 Baptism Preparation Date.
 Certificate issued
 Baptism Register updated.