



St. Paul's R.C. Church, Cramlington

ROMAN CATHOLIC DIOCESE OF HEXHAM & NEWCASTLE

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 Y/N

Mother's Maiden Name

Father's Name Baptised Catholic Y/N

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.

Sacramental Preparation Date.

Certificate issued

Registers updated



www.stpauls-rc.co.uk

pp.stpaul.cramlington@diocesehn.org.uk



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St. Paul's Parish Church
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