

Prince of Peace Catholic Parish
Sacrament of First Reconciliation and Eucharist Registration
2021

Child's Full Name _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____ Age _____

Address _____ Apt/Unit# _____

City _____ State _____ Zip Code _____ Phone _____

Father's Full Name _____ Religion _____

Phone _____ Email _____

Mother's Full Name _____ Religion _____

Maiden Name _____

Phone _____ Email _____

Parish Information

I/We are registered members of: _____ POP/SMW _____ Other Parish

If other, write the parish name where you are a registered member:

Baptismal Certificate Verification

Parents are responsible to provide a certified copy of your child's Baptismal Certificate *before* reconciliation. All POP/SMW baptisms will be verified. If a child was baptized at another parish, parents must provide a certified copy or request a certified copy be emailed to dphillips@princeofpeacenm.org or faxed to Prince of Peace at (231) 744-4859. Please include the notation: Sacraments / Donna Phillips.

Date of Baptism Month _____ Day _____ Year _____

Church of Baptism _____

_____ Baptism recorded at POP _____ I will provide a Certified Baptismal Certificate

I understand the importance of attending Mass weekly during our child's sacramental formation. One parent must attend the sacrament retreat along with their child. I understand the information provided on this form will be kept confidential, used only for Pastoral Care, and will not be shared with other organizations.

Parent's Signature: _____ Date _____

Parish Use:

Baptismal Certificate attached _____ POP/SMW Baptism recorded on page _____