

St. Boniface RC Church 185 Mitcham Road Tooting, SW17 9PG

Tel: 020 8672 2345

Email: secretary@stbonifacetooting.org.uk

Application Form for Reconciliation & First Holy Communion Please write clearly in BLOCK CAPITAL LETTERS.

CHILDREN MUST HAVE ATTAINED THEIR 8TH BIRTHDAY BY THE 31ST AUGUST

Candidate's Christian N	ame / First Name					
Candidate's Surname /	Family Name					
Name by which the can	didate is commonly known					
Male / Female	Date of Birth					
Address						
Contact Number (in cas	se the child is not picked up)					
Church and Date of Bap	otism					
Name of School now at	tending					
Name and Religion of F	ather / Carer					
Name and Religion of M	1other / Carer					
Name and Address of C	Church where Baptised					
Parent / Carer Declaration	on and Undertaking:					
I/We, the undersigned, beir	ng the parent(s)/carer(s) of					
	his/her Reconciliation and First Ho					
 I/We understand the conditions of acceptance for reception of these sacraments: (a) That he/she is brought to all the preparation classes. (b) That he/she is brought regularly to Sunday Mass at St. Boniface Church, in accordance with our undertaking to our son/daughter's baptism to bring him/her up in the faith and life of the Church. 						
<u>Signature</u>						
Parent / Carer						
11 your child was <u>no</u>	<u>t</u> paptisea at St. Boniface, you :	must attach your child's Baptism Certificate				