

Office Use  
Paid \_\_\_\_\_  
Date \_\_\_\_\_  
Session \_\_\_\_\_  
X C L

## CELEBRATING THE MYSTERIES OF LIFE IN RECONCILIATION

### First Reconciliation Request/Registration Form

Child's Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name (Last, First) \_\_\_\_\_

Mother's **Maiden** Name (Last, First) \_\_\_\_\_

Current Parish Where You Are Registered \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**FIRST RECONCILIATION SERVICES ARE SCHEDULED FOR NOVEMBER 8 & 22**

**PLEASE RETURN COMPLETED PARTICIPATION FORM, \$20.00 FEE, AND  
COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE  
NO LATER THAN AUGUST 15, 2011**

Was your child baptized at Nativity of Our Lord? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, A copy of the Baptismal certificate is not required.

If No, Please Indicate:

✝ Name of church where your child was baptized \_\_\_\_\_

✝ Address of church \_\_\_\_\_

Mail registration forms and fees to: **NATIVITY FAITH FORMATION**  
**43 ARGYLE PLACE**  
**ORCHARD PARK, NY 14127**

**QUESTIONS: Call us at 662-2169**