



St. Margaret Mary Church
First Reconciliation and First Communion Information

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

Male/Female: _____ Child's preferred name or nick name: _____

Parent email address: _____

Additional email address: _____

Birth City: _____ Birth Date: _____

Name of Baptismal Church : _____ Catholic Non-Catholic
Circle one – both are valid

Baptism Church Full Address: _____
Street

City State Zip

Baptism Date: _____

If your child was baptized at SMM please we do not need a copy of his/her Baptism Certificate. If you child was not baptized at SMM we must have a copy of the certificated in the RE Office.

Father's Name: _____
Full baptismal name: First Name Middle Name Last Name

Mother's Name: _____
Full baptismal name: First Name Middle Name Maiden Name

Thank you very much for taking the time to fully complete this information. Please return to the Religious Education Office.