



St. Margaret Clitherow Church

4, Kingswood Drive,
Dulwich Wood Park, London. SE19 1UR
Telephone No: 020 8670 1639
Registered Charity Number: 235468

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 Name / First Name
Candidate's Surname / Family Name
Name by which the candidate is commonly known
Male / Female	Date of Birth
.....	
Address	
.....	
.....	
.....	
Contact Number (in case the child is not picked up)
Catechists should be aware of the following information About my child
Church and Date of Baptism
Name of School now attending	
Name and Religion of Father / Carer	
.....	
.....	
Name and Religion of Mother / Carer	
.....	
.....	
Name and Address of Church where Baptised	
.....	
.....	

Parent / Carer Declaration and Undertaking:

I/We, the undersigned, being the parent(s)/carer(s) of
.....
would like him/her to make his/her Reconciliation and First Holy Communion.

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. Margaret Clitherow 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.

Signature Parent / Carer

If your child was not baptised at St. Margaret Clitherow, you must attach your child's Baptism Certificate

