

FIRST HOLY COMMUNION AND RECONCILIATION APPLICATION FORM

SURNAME: (child) _____

FIRST NAMES: _____

DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE: _____

EMAIL: _____

PLACE OF BAPTISM: _____

DATE OF BAPTISM: _____

SCHOOL: _____ YEAR GROUP: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S NAME: _____ RELIGION: _____

EMERGENCY MOBILE CONTACT: _____

MEDICAL CONDITIONS/MEDICATIONS/ALLERGIES - WE NEED TO KNOW ABOUT?: _____

PARENTAL CONSENT I agree to my son/daughter _____

Attending the First Holy Communion Course and being supervised by the FHC catechists.

Signature of parent: _____ Date: _____

Information provided on this form, together with all other personal data held about these individuals by the Parish and the Diocese of Arundel & Brighton, is processed in accordance with the Diocese's Privacy Notice, available at www.abdiocese.org.uk.

**Please return the enrolment form together with the baptismal certificate
to Fr. Stephen or Deacon Ian after Mass**