

**SACRAMENTAL INFORMATION
RECONCILIATION/ EUCHARIST**

Child's Name _____
(as you want it to appear on the certificate/ in programs)

Date of Birth _____ *Place of Birth* _____

Date of Baptism _____ (*office use- verified*) _____

Church of Baptism _____

City/State _____

Mother's full name _____

Maiden name _____

Father's full name _____

Address _____

Phone _____

Email _____

PARISH Registered _____

Choice of Church for First Eucharist _____

Please return this form to: Lisa Lenard
c/o St. Joseph St. Raphael Parish
225 E. High St.
Springfield, OH 45505 323-7523 ext 17