

Date \_\_\_\_\_ Family Last Name \_\_\_\_\_ Parish Envelope # \_\_\_\_\_



# Sacrament of Reconciliation Application 2024-2025

All classes, Family Faith Formation and Sacramental Preparation classes,  
are held on a Monday from 6:00-7:00 pm. Schedule will be provided.

Attendance at Sunday Mass, Family Faith Formation nights and Sacrament preparation nights are required.

**Applicant's Name** \_\_\_\_\_  
First Middle Last

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Grade in School 2024-25 \_\_\_\_

Last Year of Religious Education \_\_\_\_\_ Parish \_\_\_\_\_

**Sacraments child has received:**

Catholic Baptism Yes / No Parish of Baptism \_\_\_\_\_

First Reconciliation Yes / No First Communion Yes / No Confirmation Yes / No

Health or learning concerns \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Phone \_\_\_\_\_ Mother's Phone \_\_\_\_\_

Child(ren) reside(s) with  Both Parents  Joint Custody  Mother only  Father only  Grandparent

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please Initial and Sign**

\_\_\_\_\_ I grant St. Thomas More Parish permission to use photographs, videos, or other digital media of my child,  
\_\_\_\_\_, in any of its publications.

\_\_\_\_\_ I understand as the parent or guardian, it is my responsibility to be the primary catechist in the spiritual  
formation of my child.

\_\_\_\_\_ **I understand enrollment in the Sacrament Preparation program is dependent on Mass attendance and use of  
parish envelopes.**

\_\_\_\_\_ I understand that this form will be reviewed, and I will be contacted when the review process is complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Why is it important for you to have your child receive the sacraments? \_\_\_\_\_

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Why is it important to your child? Describe your child's desire for the sacraments. \_\_\_\_\_

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### **Additional Sacrament of Reconciliation Program information**

Please submit a copy of the applicant's Baptismal certificate along with this form.

The cost for the Sacrament of Reconciliation Program is \$35.

You will be contacted with more information after your application has been reviewed.

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All payments will be accepted at the first meeting in September.

Payments will not be accepted prior to first meeting.

#### Administration Use Only

Payment Amt. \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_

Receipt # \_\_\_\_\_