

**PETITION FORM FOR THE SACRAMENTS OF
FIRST RECONCILIATION AND FIRST EUCHARIST**

Please bring this completed form along with a copy of your child's Baptismal Certificate to the Parent Meeting.

INFORMATION ABOUT YOUR CHILD:

Name of Child: _____

Teacher: _____ School: _____

If not attending a Catholic school, is your child enrolled in the Holy Rosary Catechetical Correspondence Program? Yes No, I will contact the Parish Office (905-878-6535).

My child will be receiving the Sacraments at another Church Where? _____

BAPTISMAL INFORMATION: Baptized at Holy Rosary Church
 Baptized Catholic
 Baptized in another Christian Church
 Not Baptized

PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE. Children must be Catholic to receive the Sacraments. If your child is not baptized or baptized in another Christian Church, please make an appointment to discuss this with Fr. John.

PARENTAL INFORMATION:

Name of Mother: _____ Religion: _____

Name of Father: _____ Religion: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: (Mother) _____ (Father) _____

Email Address: _____

Please include any comments regarding special needs: _____

We wish to formally present our child for the reception of the Sacraments of First Reconciliation and First Eucharist at Holy Rosary Parish in Milton. We are prepared to assist our child at home to understand these Sacraments and will participate, to the best of our ability, in the life of the parish faith community through attendance at Sunday Mass.

Parental Signature(s): _____