

**FIRST RECONCILIATION AND FIRST HOLY COMMUNION APPLICATION FORM**  
For Parishioners of St Michael's Ashford

**FINAL DATE FOR RECEIPT OF APPLICATIONS IS 31 OCTOBER 2009**  
**NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE**

Child's Name \_\_\_\_\_  
(for certificate)

Name by which your child likes to be known \_\_\_\_\_

Date of birth \_\_\_\_\_

Religion of child \_\_\_\_\_

Church of baptism \_\_\_\_\_

Date of baptism \_\_\_\_\_

Name of school \_\_\_\_\_ Class (from Sep '09) \_\_\_\_\_

Does your child have special needs? Yes / No If Yes, please give details overleaf.

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_

Which Sunday Mass do you normally attend? \_\_\_\_\_

Do you attend Mass Regularly? \_\_\_\_\_ Once or twice a month? \_\_\_\_\_ Occasionally? \_\_\_\_\_  
(please tick one)

Names of other children in the family who have yet to receive First Holy Communion:

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

Please attach a head and shoulders photo of your child in this space.

Please say in a few words why you are putting your child forward for First Holy Communion: