First Reconciliation Registration Form
2016

St. Catherine of Siena Church
309 Siena Dr. * Ithaca, NY * 14850 * (607) 257-2493
Ashley.Blank@dor.org

Due October 23, 2016

Child's Name: _____
(First, Middle, Last)

Parent(s) Name(s): _____
(First and Last)

E-mail Address: _____ Mother's Maiden Name: _____

Address: _____ _____ _____
(Street) (Town) (Zip)

Phone: (_____) _____ (_____) _____
(Home) (Daytime or Cell)

Child's Date of Birth: _____ Grade Level: _____
(2016-2017)

School: _____ Name as you would like it on Certificate: _____

Only registered parishioners of St. Catherine of Siena Church are eligible for Sacramental programs.

The Sacrament fee is $25. Please submit with Registration Form if you have not already done so.

Baptismal Information (Required)

Please select one:

☐ Candidate was baptized at St. Catherine of Siena Church _____ /_____
Month *Year*

☐ Candidate was baptized elsewhere.

_____ _____ _____
Name of Church *City and State* *Date of Baptism*

In accordance with Canon Law and the Diocese or Rochester Sacramental Guidelines, proof of the candidate's reception of the Sacrament of Baptism must be provided within three months of receiving First Reconciliation. If the candidate was baptized somewhere other than St. Catherine of Siena, we will need proof of his/her baptism. You are welcome to bring in your copy of the child's Baptismal Certificate and we will make a copy or you can call the parish where the baptism took place and have them mail or fax the candidate's Baptismal Certificate to Ashley Blank at St. Catherine of Siena. If they were baptized here at St. Catherine of Siena, please supply that information above.

Mail Baptismal Certificates to the address above in care of Ashley Blank.

Fax Baptismal Certificates to:
Ashley Blank
(607) 257-5901