Sacred Heart Catholic Church

1115 South 8th Avenue East PO Box 1478 Newton, IA 50208-1478 641-792-2050

First Reconciliation/First Eucharist Registration 2023—2024

	Please	compl	ete this form ar	nd return it	to the	Faith Form	ation Of	fice.
S	tuden	t's Fu	ll Name:					
	City	y, State of I	Birth	Date of B	3irth	Age	Grade	Male/Female
			Вар	otismal Inform	nation			
Yes/No	Date		Chur	rch		(City, State	
	•		s not baptized at Sacr MAL CERTIFICATI		-	-		/her
Parent Information Mother (First Name / Maiden Name)						Fa	ather	
Name								
Address	is							
Phone #	#							
Email								
Religior	n							
	Child lives with: ☐ Both parents ☐ Mother ☐ Father							
		Parent	ts are: Married	☐ Divorced	☐ Sep	parated \square Wi	/idowed □	☐ Single
other arran	ngement: _	ed or separa	cess to this child, custod rated a copy of the custo e.		rtaining to			evenly shared or must be kept on
	Do	you as a	a family, attend Sund	day Mass on a v	weekly ba	asis? YES	□ NO	
tered. If y of continui	you are cur	rrently not	e, reception of the Sacra ot a registered parishion proper catechesis on the y Sunday.	oner of Sacred Hea	eart, you wi	vill need to registe	ter in the paris	ish. This is part
		First	Reconciliation/Fir	rst Eucharist F	Registra	ition Fee - \$2	.0.00	
	□ \$	320.00 c	cash enclosed			\$20.00 che	ck enclose	∍d