

**Saint Clement Church  
First Reconciliation 2010**

**FIRST RECONCILIATION INFORMATION FORM**

(Please complete and return to Aileen Scommegna by January 4, 2010)

**CHILD'S NAME**

(As you wish it to appear on the certificate)

**HOME ADDRESS**

Street address

City

State

Zip code

**PHONE NUMBER**

**FAMILY E-MAIL ADDRESS**

**DATE OF BIRTH**

Month

Day

Year

**CITY, STATE OF BIRTH**

**MOTHER'S NAME**

(including maiden name)

**FATHER'S FULL NAME**

**Please fill out information on both sides of this form.**

**DATE OF CHILD'S  
BAPTISM**

**CHURCH OF  
BAPTISM**

**FULL ADDRESS OF  
CHURCH OF  
BAPTISM**

Street address

City

State

Zip code

Please return this form and to Aileen Scommegna in the parish office by January 4, 2010. We need this information for your child's First Reconciliation certificate and to record your child's First Reconciliation in our Parish Sacramental Registry.  
Thank you.