

**APPLICATION FOR FIRST RECONCILIATION AND  
FIRST HOLY COMMUNION 2024/2025**

**PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY IN BLOCK CAPITALS**

Names of parents	
Name of Child:	Surname of Child:
Baptised at:	Church
On	by
<b>(A copy of your child's Baptism Certificate must be supplied)</b>	
Home Address:	
Phone Nos:	Mob No:
Email:	
Date of birth:	School:

I <input type="checkbox"/> OR We * <input type="checkbox"/> attend Mass weekly at St Marks <input type="checkbox"/> OR St Edward's * <input type="checkbox"/> ( <i>please select</i> )		
I <input type="checkbox"/> OR We* <input type="checkbox"/> would like		<i>*name of child.</i>
to make HIS <input type="checkbox"/> OR HER <input type="checkbox"/> First Reconciliation and First Holy Communion in 2024/2025.		
Signed:	Name:	Date:

**Please complete this form online and email it as an attachment to  
[fhc@catholicwindsor.org](mailto:fhc@catholicwindsor.org)**

**GDPR Information**

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