

The Office of Religious Education for St. Catharine-St. Margaret Parish
301 Second Avenue, Spring Lake, New Jersey 07762
732-449-4424 ext. 305/310

APPLICATION FOR FIRST RECONCILIATION & EUCHARIST

(Please print all information clearly)

Name of Child _____

Date of Baptism _____

Month

Day

Year

Church of Baptism _____

Street

City

State/Zip Code

Name of Father/Guardian _____

Maiden Name of Mother _____

Contact Information

Home Address _____

Street

City

State/Zip Code

Email Address _____

Home Phone# _____ Cell Phone# _____

**St. Catharine students, please attach a copy of the Baptismal Certificate. (Even if baptized in our parish, a copy is required by the Diocese)

*** There is an Application Fee of \$40 to cover additional costs associated with the preparation of these sacraments. Checks are payable to St. Catharine Parish.

Office use: Baptismal Certificate on file: _____ Fee Paid: _____