

CHURCH OF SAINT PHILIP & SAINT JAMES  
PHILLIPSBURG, NJ

SACRAMENTAL PROGRAM REGISTRATION FORM  
FOR RECONCILIATION & FIRST COMMUNION

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

School presently attending: \_\_\_\_\_

Date of Baptism : \_\_\_\_\_ ( If not SPSJ, please attach copy of Baptismal Certificate.)

Church of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_