R.C. CHURCH OF ST. PHILIP & ST. JAMES
PHILLIPSBURG, NJ

2026 SACRAMENTAL REGISTRATION FORM
FOR FIRST RECONCILIATION & HOLY COMMUNION

Child's Name: _____ **Date:**_____ /_____ /_____
(As you want it written on the certificate.)

Date of Birth: _____ /_____ /_____ **Age:** _____

Place of Birth (City/State or Country): _____

Date of Baptism: _____ /_____ /_____
(If not at SPSJ, please attach copy of Baptismal Certificate.)

Church of Baptism: _____

Church Address: _____

School presently attending: _____

Grade: _____

Father's Name: _____**Telephone:** _____

Address: _____

_____

Mother's Name: _____**Telephone:** _____

Maiden Name: _____

Address: _____

_____

Parent's Email: _____

PLEASE RETURN NO LATER THAN FEBRUARY 27, 2026