APPLICATION FOR THE RECEPTION OF THE SACRAMENT OF FIRST PENANCE AND FIRST EUCHARIST

Directions: Please print clearly. Correct spellings and accurate dates and addresses are important. Please make checks payable to St. Joseph's Church and **MAIL** the activity fee of $30 with this application by **Wednesday, October 7, 2009**, to Religious Education Office, 140 Broad Street, Swedesboro, NJ 08085. (The fee is to cover all expenses, including the retreat, bulletin covers, certificates, and flowers.)

Full Name of Candidate:_____

Date of Birth: _____ **Birth City & State:** _____

Address: _____
(#) (street)

_____ _____ _____
(city) (state) (zip)

Phone #: _____

Father's Name: _____
(first) (last)

Mother's Name: _____
(first) (maiden)

Record of Baptism
(Office Use Only)

Date of Baptism: _____ **Baptism Certificate on file : Y or N**

Place of Baptism: _____, _____ **St. Joseph's** _____
(church) (state)

Family Agreement

We understand that by applying to receive the Sacraments of Penance and First Eucharist, we willingly commit to the following:

- **Lifelong attendance at Mass on Sundays and on Holy Days of obligation**
- **Lifelong celebration of Penance and Eucharist**
- **Attendance this year at one or more spiritual activities other than Mass or Penance and continuation of lifelong participation in spiritual activities**
- **Attendance at the parent meetings**
- **Attendance at the First Eucharist retreat**
- **Attendance at the rehearsal**
- **Lifelong religious education for parents and child, especially through the completion of 8th grade.**

By signing this form, we agree to adhere to all parish requirements for the celebration of the Sacraments of First Penance and First Eucharist.

_____ _____
(candidate)

_____
(parent(s)/guardian)

completed by parent

T-shirt size: _____

Office Use Only

Date Received_____

Received By _____

Check # _____