# St. John the Evangelist Parish

255 Church St, P.O. Box 510
Garson, Ontario, P3L 1S6
Phone: (705) 693-2032 Fax: (705) 693-9725 E-mail: stjohn@diocesessm.org

## Sacraments of

# Reconciliation & Eucharist

PLEASE PRINT

**Our preparation process includes:**
... home program for parent and child ...activity sessions at the parish
...participation at Parish Masses

Name _____
first middle last

Address _____
Box # street address city postal code

Home Phone: _____ Date of Birth _____
month / day / year

School: _____ Grade _____

If the child has **not** been Baptised at St. John the Evangelist Parish
. . . please include a copy of his/her Baptismal Certificate from the other church.

Father _____
first name last name

Mother _____
first name maiden name

or Guardian _____
first last name

Parent **or** Guardian **E-mail** : _____
(for parish communication use only)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Registered in Parish** | yes - no - done | **1st Reconciliation** | Intro. | 1. | 2. | 3. | 4. |
| **Parish of Baptism** | St John the Evangel | **1st Eucharist** | Intro. | 1. | 2. | 3. | 4. |
| | Other - Cert Received | | | 5. | 6. | 7. | 8. |