Amt	CK#	Date
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St. James Church—Sacramental Program 94 Broad Street—Red Bank, NJ 07701—(732) 747-6006

FIRST RECONCILIATION AND FIRST EUCHARIST INFORMATION SHEET

PLEASE PRINT ALL INFORMAT				
Name	/ C		('111 \	
(last)	(first)		(middle)	
Address	City		Zip	
Phone Number ()	-	CELL()	
E-mail				
Date of Birth/				
	,,			
Church of Baptism				
Address of Church				
Date of Baptism				
Father's Name				
Mother's Name(FI	RST)	(MA	IDEN)	
,,,,_				
Parish where you are registered	d			
Parish Address				
JS				
Saint James Parish I.D. Numbe	er	OR		
Letter of Permission from the F			NO	
	Sacramental Fee \$1	00 0		

St. James Church—Sacramental Program 94 Broad Street—Red Bank, NJ 07701—(732) 747-6006

INSTRUCTIONS FOR SACRAMENTAL APPLICATION

BAPTISMAL INFORMATION:

Please include the complete name and address of the Church of Baptism as well as the date of Baptism.

If your child was not baptized at St. James Church, a copy <u>MUST</u> be attached to this application.

PARISH I.D. NUMBER:

Please include your St. James Parish I.D. number that can be found on the address label of your weekly envelopes.

Those families who are **not members of the St. James Parish** will need to submit a letter of permission from your pastor, so your child will be able to receive their sacraments with their class.

SACRAMENTAL FEE:

A sacramental fee of \$100.00 helps defray the cost of materials and sacramental remembrances used for the instructions and ceremonies. Please make your check payable to **St. James Religious Education Program**, or send cash, placed in an envelope clearly marked with your child's name, teacher's name, and class.

CCD students

All forms, baptismal certificates, letters of permission and sacramental fees can be given to their classroom teacher or dropped off at the Religious Education Office.

SJS students

Please submit all paperwork to your child's St James School teacher.