

*St. Bede's Parish*  
*Stockton on Tees*

Preparing to Celebrate  
The Sacraments of  
Reconciliation and Holy Communion

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place  
and \_\_\_\_\_

Date of Baptism  
\_\_\_\_\_

**I /We wish our child to be a part of the Parish programme of  
Preparation for the Sacraments of Reconciliation and  
Holy Communion and we will do our best to help and support.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

Religion \_\_\_\_\_

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

Religion \_\_\_\_\_