

# Notre Dame

117 Allen St., Chippewa Falls, WI 54729

## First Reconciliation & First Holy Communion

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parish Affiliation \_\_\_\_\_

School \_\_\_\_\_

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

Parish/Place of Baptism \_\_\_\_\_ City \_\_\_\_\_

Father's Name (*First, Last*) \_\_\_\_\_

Mother's Name (*First, Last, Maiden*) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email \_\_\_\_\_