

**RECONCILIATION PREPARATION**  
**RETURN TOP PORTION AS SOON AS POSSIBLE**

Family Name: \_\_\_\_\_  
Last Name

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

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

Child's Full Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child receives his/her formal Religious Education by (please check one)

Home School  Catholic School

Sunday School  Other: \_\_\_\_\_

**Return this *bottom portion* to the Religious Education office at least one week before the date you have requested for Reconciliation.**

Our family has prepared \_\_\_\_\_  
(Child's full name)  
for the sacrament of Reconciliation.

We will be celebrating the sacrament on: \_\_\_\_\_  
(Date)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You may email this information to [mchaines@olos.us](mailto:mchaines@olos.us) or [jo@olos.us](mailto:jo@olos.us)