ST. FRANCIS PARISH
Sacrament of Reconciliation
2011
Children in Second Grade

CHILD'S NAME:_____
First Middle Last

M____F____ DATE OF BIRTH_____

Place of Birth:_____
City State

CURRENT ADDRESS:_____

CITY:_____ZIP CODE:_____

Phone: (home)_____ Cell: _____

E-MAIL:_____

SCHOOL ATTENDING THIS YEAR:_____GRADE:_____

FATHER:_____ RELIGION:_____

MOTHER:_____RELIGION:_____

Church of Child's baptism: Name:_____

Address:_____

_____

Date of Baptism:_____

*** If your child was not baptized at St. Francis Church we will need a **copy of their Baptismal Certificate.**

Please return to the parish office or drop off at the Welcome desk.
St. Francis Church
1025 S. Union St.
Traverse City, MI 49684
Attention: Beth Hicks

October 8
October 29
November 12
Celebration: December TBA

Class Time: 10 – 11:30 a.m.