

Parish of Aughanishin
Church of the Irish Martyrs, Letterkenny, Co. Donegal.
074 91 27600 / irishmartyrschurch@gmail.com

PARISH REGISTRATION FORM
FIRST RECONCILIATION AND FIRST COMMUNION

Your Child's Details

First Name: _____ Surname: _____

Date of Birth: _____

Address: _____

Please tick which school this child attends:

Lurgybrack N.S.: ___ Woodlands N.S.: ___ Educate Together N.S.: ___
Ballyraine N.S.: ___ Other (*Please Name School*): _____

Has this Child Been Baptised: Yes: ___ No: ___

If Yes - Date of Baptism (*Month & Year*) _____

*If Baptism **was not** in the Church of the Irish Martyrs - please provide name and address of the Church where the baptism was held and **provide a copy of the Baptismal Certificate**:*

If No - *Please speak to one of the priests of the parish to arrange a baptism as your child needs to be baptised to proceed to receive the Sacraments of Reconciliation and First Communion.*

Parent /Guardian contact Details

Parent /Guardian

First Name: _____

Surname: _____

Email: _____

Mobile: _____

I give consent to be contacted by email and/or text to receive information on meetings, Masses, rehearsals for the sacraments and other events.

Yes: ___ No: ___

Parent /Guardian

First Name: _____

Surname: _____

Email: _____

Mobile: _____

I give consent to be contacted by email and/or text to receive information on meetings, Masses, rehearsals for the sacraments and other events.

Yes: ___ No: ___

Which parent /guardian will be the primary contact person:

Name: _____

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Parental Commitment

Please tick the following to indicate you understand the commitment you are making:

___ I would like my child to receive the Sacrament of Reconciliation and First Communion.

And therefore -

___ I would like my child to take part in the parish programme of preparations to help them be fully prepared to receive the Sacrament of Reconciliation and First Communion.

___ I commit to taking part and assisting my child to enable him/her to receive the sacraments by attending weekly celebration of the Eucharist; praying with my child; helping him/her learn their prayers and participate in the parish programme 'Do this in Memory of Me', to the best of my ability.

Please indicate the Sunday Mass time you would normally attend (*or would like to attend*) in the Church of the Irish Martyrs. (*Please tick ✓ one*)

9: 30 am _____

11: 30 am _____

This is the Sunday Mass time you will be allocated to, and expected to attend for the 'Do this in Memory of Me' Sundays of the programme. *On other Sundays, (on Sunday's when the programme is not on) you are as always, free to attend any other Mass.*

Signature:

Parent /Guardian

Name: _____

Date: _____

Parent /Guardian (*if two names given above*)

Name: _____

Date: _____

Note:

All information provided will be held in confidence in the Parish Office.

For Parish Office Use only:

Baptismal details verified by register or Baptismal certificate: _____

Baptism to be provided: _____

Contribution of €10: _____

Details recorded: _____