

# *Our Lady Queen of Peace, Braintree*

**Parish Priest:** Fr David Manson

**Parish Deacon:** Deacon Jamie Davey

**Parish Administrator:** Clare Smith

**Tel no:** 01376 326779

**Email:** braintree@brcdt.org

Application Form for Instruction in  
First Reconciliation and First Holy Communion

**I wish to have my child (Name):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**I wish to have my child (Name):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Commence preparations and instructions for these Sacraments. She/He/They will be 8 years old by August 2024. The Programme will begin in October 2024 to complete by June 2025.**

**I attach / enclose a Baptismal Certificate(s) (or, if Baptised in the Parish, the date of the Baptism).**

**Which School does your child attend:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Which Mass do you usually attend?**

**Saturday 6.00 pm**

**Sunday 9.00 am**

**Sunday 11.00 am**

# Parental Agreement

**I / We confirm that the information given is true and accurate. I / We agree to the information provided on the application form being retained by Our Lady Queen of Peace, Braintree and included on its electronic systems for the duration of the programme.**

**I / We accept my / our responsibility to work with the Parish Clergy and Catechists in preparing my child(ren) for their First Reconciliation and First Holy Communion and that this will include the following:**

- Participating in all of the designated sessions for parents.
- Bringing my child/children to the monthly Saturday sessions for children and parents.
- Supporting my child/children in the completion of the workbook at home.
- Sincerely trying to bring my child(ren) each week to Mass at Our Lady Queen of Peace, Braintree.
- I understand that should I fail to fulfil the above responsibilities without good cause, as shall be decided by the Parish Priest, my child's (ren) First Communion may be deferred until another time as decided by the Parish Priest.

**Signed:**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Please return this Application Form to the Parish Office or by email

