



Our Lady of the Fields—Office of Evangelization and Faith Formation

1070 Cecil Ave So.
Millersville, MD 21108
410-923-6953
410-923-6992 fax

Jst Reconciliation/Eucharist 2018-2019

Faithformation@olfparish.com

www.ourladyofthefields.org

1st Reconciliation and 1st Eucharist Application 2018-2019

Candidate's Name _____ Male/Female Grade: _____
(First) (Middle) (Last)

Complete Mailing Address _____

Home Phone _____ Cell Phone _____ E-mail _____

Child Attends: ___ Faith Formation at OLF ___ SOTI ___ Slade ___ Other(_____)

Baptism Information

Place of Birth: (City and State) _____ DOB _____

Is child baptized Catholic? Yes No

Church of Baptism _____

City and State _____

Date of Baptism _____

(Please provide a copy of your child's baptismal certificate. Certificates are due by the orientation meeting)

Parent Information

Father's Full Name _____
(First) (Middle) (Last)

Mother's Full Name _____
(First) (Middle) (Maiden)

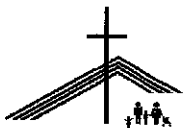
If applicable: Is non-custodial parent aware of and supportive of sacrament preparation? Yes No

Non-Custodial parent name, address, phone, and email (if necessary) _____

(Over)

For Office Use Only:

Orientation Date _____
Walk Through of the Rite of Reconciliation _____ Tour of the Church _____
Walk Through of the Mass _____ Mini-Retreat _____
Recorded/Bapt. Registry Volume # _____ (page) _____ (Registry #) _____
Recorded/Euch. Registry Volume # _____ (page) _____
Recorded/ParishSoft _____ Notes _____
Date received _____ Certificate rec'd _____



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I would like to schedule _____ for the following dates and times:

(Name)

1st RECONCILIATION

Please indicate which Reconciliation service you will attend with your child:

___ Monday, December 3, 2018 6:30pm

___ Monday, March 18, 2019 (Family Reconciliation Service) 7:00pm

You have the option of having your child attend a regularly scheduled Reconciliation on Saturdays at 4:00 pm. However, we do ask that you let us know when so we can notify the priest.

1st EUCHARIST

Please indicate a first and second choice. Please note that a maximum of 30 children receive at each celebration. Seating is limited to 1 pew per family (approximately 10 guests including the candidate). Overflow seating will be available in the back of church. You also have the option of having your child receive at a regularly scheduled weekend Mass: Saturday 5:00pm, Sunday 7:00am, 8:00am, 9:30am, 11:00am, 12:30pm or 6:00pm or weekday Mass 8:30am. Seating is not limited for guests at a weekday Mass. Your preference for a Mass will be confirmed by the office.

- ___ 1st ___ 2nd **Saturday, May 4, 2019 – 11:00am**
(Practice – Tuesday, April 30, 2019 (6:30pm in church))
- ___ 1st ___ 2nd **Saturday, May 4, 2019 – 2:00pm**
(Practice – Thursday, May 2, 2019 6:30pm in church)
- ___ 1st ___ 2nd **Saturday, May 11, 2019 - 11:00am**
(Practice – Tuesday, May 7, 2019 6:30pm in church)
- ___ 1st ___ 2nd **Saturday, May 11, 2019 – 2:00pm**
(Practice – Thursday, May 9, 2019 6:30pm in church)
- ___ 1st ___ 2nd **Reception at a regularly scheduled Mass (Tentative date/time: _____)**

Number of guests including candidate (For Mass count purposes only): _____.

Requirements

1. The child must complete the equivalent of one (remote) year of faith formation prior to enrolling in the immediate preparation of the sacrament; and be currently enrolled in a Faith Formation or Catholic School during the immediate year of preparation.
2. The child must be enrolled in sacramental preparation program through the parish.
3. Parent Must Attend Parent Retreat and Orientation Meeting.
4. The child must complete all preparation materials and study at home with family members; attend all sacramental preparation group lessons; Mini-retreat; and 1st Eucharist Rehearsal specified for the large group celebration mass.

I have read and understand the above requirements. I will help my child meet these requirements before celebrating the Sacraments of Reconciliation and Eucharist. *Please return at the Orientation meeting.*

Parent's Signature _____ Date _____