

Saint Raphael Parish

First Communion 2017 RSVP



Child's Name: _____ **Baptized Roman Catholic?** _____

If baptized another Religion (Orthodox, Lutheran, Methodist, etc.) do you agree to your child becoming Roman Catholic? _____ **Parent's Signature:** _____

Religion Teacher: _____ *at SRS / PSR / Ruffing Montessori*

Parent(s) Name (print) _____

Best way to contact us: _____ / _____

Please list phone, cell, or e-mail / time of day

1. "Come to the Table " Retreat Day on Saturday, April 1st:

_____ *We will be at our assigned morning (10 a.m. to Noon) session.*

_____ *We will be at our assigned afternoon (1:30-3:30 p.m.) session.*

_____ *We need to switch our session to:* _____

Names attending: _____

Child / Parent(s)

_____ *We are unable to attend the retreat day. We will contact parish for handouts.*

2. Our assigned Group Communion time on Saturday, May 6th is okay.

___ Yes, we will be at the Morning Mass at 10:00 a.m.

___ Yes, we will be at the Afternoon Mass at 1:00 p.m.

___ For pastoral reasons, it is necessary for us to ask for the other Mass time on May 6th.

***Please put your request in writing.** We will review your request and get back to you with a confirmed time, once arrangements are made.* ___ **Check here to add comments on back.**



3. Do you have a priest or deacon relative/friend that will be attending the Mass?

(Please contact them first. Let us know if they're able to come & we will confirm details with them regarding concelebrating or serving as a deacon.)

Name: _____ **Please Circle:** Priest Permanent Deacon

Relationship: _____ **Phone or e-mail** _____

Name & Location of their Parish / High School: _____

4. Does your child have a brother or sister that is an altar server and would like to serve the First Communion Mass?

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____



5. If you or a St. Raphael relative, are a Eucharistic minister, you may request to distribute Communion at your child's First Communion Mass.

(We will contact you or your relative to confirm. They must be a Eucharistic minister at St. Raphael Parish.)

***Name of Parent or relative of Communion child that would like to serve as a Eucharistic Minister at the May 6th First Communion Mass:** _____.

6. Name of relative that would require handicapped seating: _____

Please return this form to Terri Telepak via school, PSR or the Parish Office by **March 1st.**

Thank You! You will receive a confirmation copy of this sheet after we have verified your information.