



St. Finian's Parish River Valley
Swords, Co. Dublin
Phone: 01 8409043
Email: stfiniansparish@gmail.com

**Request for the Sacraments of
First Reconciliation and
First Holy Communion 2027**

To be completed and returned to St Finian's Parish Office by
TUESDAY 16TH June 2026
(after that date all registrations will be for 2028)

Child's Name: 	
Date of Birth: 	Date of Baptism:
Please Tick The Box	
1. <input type="checkbox"/> Baptised in St Finian's Parish	3 <input type="checkbox"/> Baptised into a different Christian Church
2. <input type="checkbox"/> Baptised Outside the Parish	4 <input type="checkbox"/> Not Baptised at all
Name & Address of <u>Catholic</u> Church of Baptism: 	
If your child was Baptised in a Church OTHER than St. Finian's you <u>must</u> attach a copy of the Baptismal Certificate	
Child's Home Address: 	
Mother/Guardian1/Parent 1: 	Father/Guardian2/Parent 2:

All correspondence will be sent by email from the Parish Office. Please supply an email address for this purpose. A mobile number is required as a backup.

Email Address:

Confirm email address:

Mobile:

School: **Holy Family JNS**
River Valley Community National School

Class Teacher if you know. If you do not know please put your present Teacher's name here

Room no:

GDPR STATEMENT

The information that you have given here is strictly for Parish use. It will be used to register the First Holy Communion and to contact you regarding the First Holy Communion programme and other parish based events during the year.

PERMISSION

I/We give permission for:

YES: NO:

- I/We agree to participating in the Parish preparation programme and supporting the preparation work in School or Religion Classes

- **PLEASE RETURN THIS FORM TO THE PARISH OFFICE BY TUESDAY 16TH June 2026**

IMPORTANT: If you decide not to return this form by the date above, we will take it that you do not wish your child to be part of the Sacramental Preparation Programme and they therefore will not celebrate the Sacrament of First Holy Communion

SIGNATURE

Signed by

Parent(s)/Guardian(s): _____

A Donation of €50 to the parish is requested to cover parish expenses

Please return this form to the parish office

Monday – Friday: 9am – 2pm