

# Sacrament Intent Form

Return by **September 30** to be considered a candidate for Reconciliation and Eucharist

## Please Print

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(as desired on certificates)

\_\_\_\_\_ I do not intend for my child to receive the sacraments

\_\_\_\_\_ I would like for my child to receive the sacraments at our home parish,  
\_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_

## Family Information

Mother's Name (Include maiden name) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **The Sacramental Fee and Retreat Fee of \$50 has been paid for by HOPE.**

(All preparation materials and retreat costs have been paid for by the Holy Cross scrip fundraising (HOPE) program. With a grateful heart for this gift, please support HOPE in the coming year by purchasing your gift cards through HOPE.

Questions, please reach out to Kathy Callahan 402-250-5386.

### **Eligibility for the sacrament of Reconciliation and Eucharist**

(To be eligible to enter preparation to receive Confirmation at Holy Cross, the student must meet the following qualifications:

\*Be Baptized \*Be registered in Holy Cross School or Religious Education \*Submit this Sacrament Intention form to the Parish Office.