

## St. Joseph Catholic Church

Office of Faith Formation, First Communion Preparation  
12700 Pearl Road  
Strongsville OH 44136  
440-238-5555, ext. 107 or 108



Dear Parents,

Our records indicate that you have a child who is eligible to prepare to receive **First Reconciliation** and **First Communion** at St. Joseph Catholic Church next spring. If it is your intention to prepare your child to receive these sacraments, please complete the form below and return it with the \$60 sacramental fee, to the Office of Faith Formation at St. Joseph Catholic Church by **September 5, 2025**. If we need additional paperwork, we will contact you.

Once we have received this completed form and the sacramental fee, we will include you in our future email communications regarding preparation for these sacraments.

If you have any questions regarding sacramental preparation, please contact the Office of Faith Formation.

Sincerely,

Linda Zvoncheck

Director of Faith Formation; lzvoncheck@sjohio.org

Child's Name \_\_\_\_\_  
First Middle Last

Child's School (2025-26) \_\_\_\_\_ Grade (2025-26) \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
First Middle Last

Mother's Full Name \_\_\_\_\_  
First Middle (Maiden) Last

Street Address \_\_\_\_\_

City, ST \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

***Please provide a reliable email address as email will be the only means of communication going forward.***

Date of Birth \_\_\_\_\_ City, State of Birth \_\_\_\_\_

Baptismal Church Name \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Baptismal Church Street Address \_\_\_\_\_

Baptismal Church City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

The sacramental fee of \$60 may be paid by cash or check to "St. Joseph Catholic Church."

Office Use Only: Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_