

**Star of the Sea Catholic Church**  
**Sacrament Request Form for**  
**First Reconciliation and First Eucharist**  
See also Sacrament Requirements and Important Dates Page



Name of Child: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

\_\_\_\_\_ Check if **not** baptized Catholic Place: \_\_\_\_\_  
(City & State)

**A copy of the Baptismal Certificate must be attached if not baptized at Star of the Sea**

School Attending: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City & State) (Zip Code)

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

Mother's Email: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
(if different)

Father's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Father's Email: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
(if different)

Communication Preference (email/phone/text) Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_

**Media Release Form:** I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If neither box is checked below, Star of the Sea assumes you give permission

\_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **Initial here** to indicate that you have read and understood the requirements

Sacrament Material Costs are \$35 per child

**Star of the Sea Catholic Church**  
**Sacrament Preparation Release Form**

Parish: Star of the Sea Church Phone: 757-428-8547  
Address: 1404 Pacific Ave, Virginia Beach, VA 23451  
Type of Event: see information for each event to be given out separately  
Destination: see information for each event to be given out separately  
Individual in Charge: Coordinator of Christian Formation/ Adult Volunteer Catechists  
Transportation: see information for each event to be given out separately  
Dates of Trip: see information for each event to be given out separately

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**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Parent(s)/Guardian's Name** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Name (other than parents)** \_\_\_\_\_

**Contact Number** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Does your child have allergies? Yes or No**

**Details:**

**Is your child taking any medications? Yes or No**

**Details:**

**Is there any other physical or emotional condition of which we need to be aware: Yes or No**

**Please explain:**

*As parent/guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, Star of the Sea Church, their employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese and/or Star of the Sea, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Star of the Sea Church*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the case of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond and/or Star of the Sea Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If neither box is checked below, Star of the Sea assumes you give permission*

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_