

FIRST COMMUNION SACRAMENTAL INFORMATION FOR PARISH RECORDS & CERTIFICATES

(Please type or print clearly)

CHILD'S FULL NAME _____
(NO initials please) Last First Middle

ADDRESS _____

City State Zip Code

PHONE NUMBER(S) _____

E-MAIL
ADDRESS _____

DATE OF BIRTH _____ CITY/STATE _____

PARENTS' NAMES _____
Parent's Full Name (before Marriage, if applicable) **No initials please**

Parent's Full Name (before Marriage, if applicable) **No initials please**

Please fill out the following and attach a current copy of your child's baptismal certificate, even if s/he was baptized at OLG

WHERE WAS YOUR CHILD BAPTIZED?

CHURCH: _____

ADDRESS: _____

CITY/STATE: _____

DATE OF BAPTISM: _____

(FOR OFFICE USE ONLY)

Sacrament preparing for: First Communion

Date of receiving the sacraments: _____ Celebrant: _____

Certificate prepared _____ Recorded in First Communion Book _____

PDS _____ Church of baptism notified/recorded? _____