

1st COMMUNION REGISTRATION

ST. MARY'S CATHOLIC CHURCH

CHILD / YOUTH INFORMATION

Child / Youth Name _____

Date of Birth _____ City _____ State _____

Baptism Date _____ Church _____ City _____ State _____
(Copy of Baptism Certificate required)

Address: _____
(Street) (City) (State)

Parent / Guardian Phone _____

Parent / Guardian Email _____

(If child is presented by an adult guardian, official documentation naming the adult as guardian is required)

PARENT INFORMATION

Father's full name _____ Father's Religion _____

Mother's full name _____ Mother's Religion _____

Mother's full maiden name _____

Are Parents register in the Parish: yes _____ No _____

If no register in the Parish, where are they register?

Parish Name: _____ City _____ State _____

(Must have express permission from their proper pastor to receive the Sacrament of 1st Communion in St. Mary's

OFFICE USE ONLY

Baptism Certificate has been present: Yes _____ No _____

Permission to have 1st communion in St. Mary's is granted Yes _____ Date _____ No _____