PLEASE PRINT
COMPLETE ALL INFORMATION
RETURN BY APRIL 12/13, 2026

FIRST COMMUNION INFORMATION SHEET

Name of Child: _____
(Last Name) (Baptismal Name) (Middle)

Home Address: _____

City:_____State:_____Zip:_____

Phone Number: (_____)_____

Date of Birth (Include Month/Day/Year) _____

City/State Where Child Was Born: _____

Child's Age on May 4, 2025: _____

Church of Baptism _____

Address: _____

City, State & Zip Code _____

Date of Baptism: _____
(Month) (Day) (Year)

Birth Father's Name: _____
(First) (Last)

Birth Mother's Name: _____
(First) (Maiden Name) (Last)

For Office Use Only
Date of First Eucharist:_____ Celebrant:_____