First Communion Information Form

- **Please complete the following information.**
- **Attach a copy of your child's Baptismal Certificate to this form.**
- ***No Baptismal certificate needed if your child was baptized at the Church of St. Catharine.**
- **Completed Form Due by: September 11 & 13.**

Child's Name: _____
Last Name First Name

Sex: F_____ M_____ Date of Birth:_____

Place of Birth: _____
Town State

Baptismal Date:_____

Name of Church where Baptized:_____

Complete Address of Church where your Child was Baptized:

_____
Number Street

_____
Town State Zip

Father's full Name:_____
First Name Last Name

Mother's Name:_____
First Name Maiden Name

Present address of child:_____
Number Street

_____
Town State Zip

Telephone Number: _____