ST. JOHN THE APOSTLE PARISH

FIRST COMMUNION REGISTRATION FORM

Child Information **Please Print**

First name: _____ Middle name (if any)_____

Last name: _____

Address:_____ City _____

Postal Code: _____

Date of Birth_____ Age: ____ male __ female __

Baptismal Information

Baptized in the Catholic Church? Yes __ No ___ Date of Baptism:_____

Parish of Baptism _____

Parent Information

Father: First name: _____ Last name: _____

Religion: _____

Mother: First name _____ Maiden name: _____

Religion: _____

Phone number _____ Who? _____

Email: _____

School Information:

School attending _____ Grade _____

Catholic School: ☐ Other: ☐

Please attach a COPY of your child's Baptismal Certificate to this completed form

OFFICE USE ONLY:

Entered on: Register:_____ Acolyte:_____ Date of First Communion: _____