

ST. JOHN THE APOSTLE PARISH
First Communion Registration Form



Please Print

| | | |
|---|---|-------------------|
| Full name of child as to appear on the certificate : | | Male: ____ |
| | | Female: ____ |
| Address | | Postal code |
| Phone | Date of birth | |
| Father's name | | Father's Religion |
| Mother's name | | Mother's Religion |
| Maiden name (if different from above): _____ | | |
| email address | Child lives with: (circle one) <u>Both parents</u> <u>Mother</u> <u>Father</u> <u>Shared living with Mother/Father</u> <u>Other</u> | |
| date of Baptism | Parish of Baptism | |
| ** (please submit a copy of Roman Catholic Baptismal Certificate with form) ** | | |
| School: | | |
| Catholic <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Grade: | Teacher: | |

| | |
|--------------------------------|--------------------------------|
| <u>OFFICE USE ONLY:</u> | |
| Baptismal Cert. recv'd: _____ | Date of First Communion: _____ |
| Entered: _____ | |