St. Patrick Church
A Catholic Community

Enrollment for First Communion

Name of Child: _____

                          First Name   *Middle Name*   *Surname*

_____   _____

Date of Birth   Place of Birth

Child's School: _____   Teacher: _____

BAPTISMAL INFORMATION

_____   _____

Date of Baptism   Place of Baptism

_____   _____

Address of Church   Postal Code

FAMILY INFORMATION

_____   Religion: _____

Father's Name   *Surname*

_____   Religion: _____

Mother's Name   *Maiden Name*

_____   _____

Address   Postal Code

Telephone: _____   Email: _____

I wish to present my child for First Communion during the coming year and promise to participate fully in the preparation program with my child for this holy sacrament

Signature of Parent: _____

(Please provide a copy of the Baptismal Certificate)

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