



# 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**

\_\_\_\_\_ *Father's Name* \_\_\_\_\_ *Surname* Religion: \_\_\_\_\_

\_\_\_\_\_ *Mother's Name* \_\_\_\_\_ *Maiden Name* Religion: \_\_\_\_\_

\_\_\_\_\_ *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)***