



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)