

APPLICATION FOR THE RECEPTION OF FIRST HOLY EUCHARIST

Please type or print clearly the information below.

Please print your child's name as it appears on their Baptismal certificate:

Date of birth: ___/___/___

City and State of Birth:

Home Address:

School:

Grade:

Record of Baptism

Date of Baptism: ___/___/___

Name of Priest/Deacon: (Please Print Name) _____

Church of Baptism:

Church Address:

City:

State:

Zip:

Godparents:

Father's Name:

Mother's Name:

First name

maiden name

last name

Note: It is our responsibility to notify the church of Baptism that your child has received First Holy Eucharist. In order to do that, we must have the address of the Baptizing church if at all possible. Your help in this area is greatly appreciated.