

FIRST COMMUNION INFORMATION SHEET

PLEASE PRINT

First Name (No nicknames please): _____

Middle Name _____

Last Name _____

Place of Birth _____

City State

Parish of Baptism: _____

Address & City of Parish of Baptism: _____

State & Diocese of Parish of Baptism: _____

Date of Baptism _____ / _____ / _____ Date of Birth _____ / _____ / _____
Month Day Year Month Day Year

Father's Name _____
First Middle Last

Mother's Name _____
First Middle Maiden Last

Presently, your family is a member of _____ Parish.

Special Needs: Please include any special needs you or your family might have. Example:
Parents requiring wheelchair or blended families _____

Please list family members (with their telephone numbers) who could be Eucharistic Ministers or Servers for this special First Communion celebration.

Number of Family Attending: _____

Are there any other classmates in this First Communion Class that are related to your child, which would share Grandparents, for example? If so, please list...

I, as parent or legal guardian of the First Communicant, have read and double checked this form for accuracy of spellings, information and dates; henceforth, this form is complete and correct to the best of my knowledge.

Signature of Parent or Guardian: _____

Name of child's Teacher: _____