

Information for Sacramental Records

First Communion

Please fill in spaces below and return with your registration fee.

Child's name (include middle name): _____

Father's Formal Name (include middle name): _____

Mother's Formal Name (include middle & maiden name): _____

Address: _____

Phone Number: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Place of Baptism (Church): _____

Address: _____

Minister of Baptism: _____

Godparents (Sponsors) at Baptism: _____

Age of child on the day of First Communion: _____

Office Use Only

____ Certificates

____ Recorded

____ Roster

____ PR (Limerick)