

2018 - INFORMATION for PARISH FIRST COMMUNION REGISTRY

Please complete and return by **Saturday, February 24** – Incomplete forms will be returned

Family Preference: _____ Saturday, **May 5th** at 10 a.m. _____ Sunday, **May 6th** at 9 a.m. Mass

CANDIDATE INFORMATION

Full Name: _____ (no nicknames)

Age on First Communion Day: _____ Male _____ Female _____

City and State of Birth: _____

Date of Birth: _____

Name as you wish it to appear on the First Communion Certificate:

(Please Print) _____

Parent E-mail: _____ Contact Number: _____

Address: _____

BAPTISM INFORMATION

*If not on file, a **Baptismal Certificate** is required if baptized outside of Sacred Heart Parish.*

Church of Baptism: _____

Complete Address: _____

Baptism Date: _____

Please complete for both Sacred Heart and outside parishes

Father's First and Last Name: _____

Mother's First and *Maiden* Name: _____

Additional Information:

• Date of Reconciliation: _____ at Sacred Heart Parish

• Does child have a gluten allergy? Yes or No

• Does any member of your family serve in Sacred Heart as

_____ Lector _____ Altar Server _____ EM of Communion