



First Communion Registry Form

The following information is
required for the First Communion Registry

Full Name of the person to receive First Communion:
(this name will be printed on the certificate)

First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ State _____

Date of Baptism: Month _____ Day _____ Year _____ *

Place of Baptism: Church _____ **
City _____ State _____

Current Residence: City _____ State _____

Current Telephone Number: _____

Parents' Names: Father _____

Mother (please include maiden name) _____

* If your child was baptized at St. John Church, and you are unsure of the date, please provide an approximate date of baptism.

** If your child was baptized at another church, please attach a copy of the baptismal certificate.