Office Use only
Rec: ___
PwCh: ___
Not if: ___

First Eucharist Record Sheet

Parents, please complete this form and return it to your child's teacher at Aquin or religious education. Please include a baptismal certificate if you were not baptized at one of the Aquin System parishes (St. Matthias, Cascade; Sacred Heart, Fillmore; St. Patrick's, Garryowen; St. Peter's, Temple Hill). **Return this form by _____**

STUDENT: _____
First Middle Last

PARISH: _____

STUDENT ADDRESS: _____

_____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF BAPTISM (MM/DD/YYYY): _____

CHURCH OF BAPTISM: _____
(If you were not baptized at one of the Aquin System parishes, you must present a baptismal certificate from your church of baptism.)

FATHER: _____
First Middle Last

MOTHER: _____
First Middle (Maiden name) Last