# 1st Communion Register

**DIOCESE OF LAFAYETTE-IN-INDIANA**

*Transcript must be sent to Chancery annually*

CALENDAR YEAR: **2019**

**Parish:** **City:**

| Name of First Communicant | Date of First Communion | Officiant |
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**TOTAL # First Communions** (All pages) **:**

**The above is a correct transcript of the records of this parish.** **(SEAL)** **Pastor's Signature:** **Date:**

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CALENDAR YEAR: **2019**

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