

 **ST. PATRICK'S PARISH**
First Communion

The parent(s) of _____ Age _____
(print name as you want shown on First Eucharist Certificate)

would like their child to participate in the Saint Patrick Parish Faith Formation program to assist them with their child's preparation for the Sacraments of Reconciliation and First Eucharist.

We are registered at and presently attending: _____ Parish

Mother's first and maiden name: _____ Faith: _____

Father's name: _____ Faith: _____

Our child was born in _____ on _____
(City and State) (Month/Day/Year)

and was baptized at _____ on _____
(Name of Church) (Month/Day/Year)

(Church Address: City and State)

Mother's email address: _____ Cell: _____

Father's email address: _____ Cell: _____

Please attach copies of the copies of the child's Baptismal Certificate if the child was Baptized at a Parish other than Saint Patrick

Questions? Please call John Barrientes @ 337.1538 or email: jbarrientes@st.patsak.org

For Office records: Presider: _____ Date: _____

Received Copy of Baptismal Certificate _____ *Date:* _____ *Initial:* _____

Recorded at St. Patrick Catholic Church: Book: _____ Page # _____ Line # _____