

2020-2021 First Eucharist Roll Book Form



Saint Thomas Aquinas Religious Education Office
1719 Post Road, Fairfield, CT 06824
Office: (203) 255-1984 FAX: (203) 256-9305
STTHOAQCCD@AOL.COM

Please Print

Date Received _____

Child's Baptismal Name: _____
(First) (Middle) (Last)

Nickname (for banner/name tags) _____ Gender _____
(M/F)

Child's Date of Birth: _____
(Month/Day/Year)

Child's Place of Birth: _____
(City/ State)

Child's Age: _____
(How old will child be **on the day** he or she receives **First Eucharist**)?

Child's Baptism took place at: _____ On: _____
(Name of church) * (EXACT date of Baptism- Month/Day/Year)

*You do not need to include the exact date of Baptism if child was baptized at Saint Thomas Aquinas Church in Fairfield, Ct.

The complete name and address of church where the Baptism took place is required:

Name of Church: _____

(Street) (City) (Zip)

Father's Name: _____
(First) (Middle) (Last)

Mother's Name: _____
(First) (Middle) (MAIDEN NAME) REQUIRED (Last)

Home Address: _____

Email: _____ Home phone: _____ Cell: _____