

Notification of First Communion



TO NOTIFY YOU THAT THE FOLLOWING INDIVIDUAL
RECEIVED THE SACRAMENT OF FIRST COMMUNION.

NAME _____

DATE OF BIRTH _____

BAPTIZED AT _____

DATE OF BAPTISM _____

PARENTS NAME _____

FIRST COMMUNION DATE _____

CHURCH _____

PASTOR _____

Queen of the Most Holy Rosary Catholic Church
P.O. Box 159
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