

FIRST COMMUNION INFORMATION SHEET

PLEASE PRINT

First Name (No nicknames please) Middle Last

Date of Birth: ____/____/____ Current Parish _____
Month Date Year

Place of Baptism _____ Date of Baptism ____/____/____
City and State

(If the child was not baptized at St. Dominic, St. Augustine or St. Anthony, we need a certificate of Baptism from the Church they were baptized)

Place of Birth _____
City State

Father's Full Legal Name _____
First Middle Last

Mother's Full Legal Name _____
First Middle Maiden Last

Special Needs: please indicate if anyone in your family uses a wheelchair or if you have a blended family with special seating needs. Please also list if there are any other children in this First Communion class that are related to your child:

Please note: each family gets 1 pew with your 2nd grader that seats 8 people comfortably.

Please list family members (with their telephone numbers) who could be Eucharistic Ministers or Servers for this special First Communion celebration.

Eucharistic Ministers	Phone #	Servers	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, as parent or legal guardian of the First Communicant, have read and double checked this form for accuracy of spellings, information and dates; henceforth, this form is complete and correct to the best of my knowledge.

Signature of Parent or Guardian: _____

Name of child's Teacher: _____