

# FIRST COMMUNION FORM

Full name of child		
Date of Birth		
Place/Town of Birth		
Baptized? Yes or No (circle)	Date of Baptism:	
Place of Baptism:	Church & Town	
Grade in School:		
Mom's Name/s		
Dad's Name/s		
Guardian Name/s		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Parents Members	Mom?	Dad?
Address/City		
Phone #		
E-mail		
Date First Communion Class attended		
Date to receive First Communion		
Which Service	<input type="checkbox"/> 8:00am	<input type="checkbox"/> 10:30am
Participate in Service by:	<input type="checkbox"/> Bring Baptism Candle	<input type="checkbox"/> Bring Bread
	<input type="checkbox"/> Acolyte	<input type="checkbox"/> Banner
	<input type="checkbox"/> Read Lessons	<input type="checkbox"/> Make Cup and Plate

OFFICE USE	WHO	✓ WHEN
Note in Sacristy for Altar Guild	Office Manager	<input type="checkbox"/> Date:
Give names of children to Office	Pastor	<input type="checkbox"/> Date:
Place names in Mission Zion	Office Manager	<input type="checkbox"/> Date:
Place names in Grapevine	Office Manager	<input type="checkbox"/> Date:
First Communion Certificate	Office Manager	<input type="checkbox"/> Date:
Add information to Shepherd Staff	Office Manager	<input type="checkbox"/> Date:
Place Form in Office folder	Office Manager	<input type="checkbox"/> Date: