First Holy Communion Information

Student's Name: _____ M/F: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Church of Baptism: _____

City of Baptism: _____ State of Baptism: _____

Date of Baptism: _____

Parent Information

Father/Guardian Name: _____

Father/Guardian Phone #: _____

Father/Guardian E-mail Address: _____

Mother/Guardian Name: _____

Mother's Maiden Name: _____

Mother/Guardian Phone #: _____

Mother/Guardian E-mail Address: _____

PLEASE PROVIDE A COPY OF BAPTISMAL CERTIFICATE EVEN IF BAPTISED AT SACRED HEART

Verified Baptismal Record
Recorded in SHB Register