

**APPLICATION FOR THE RECEPTION OF FIRST HOLY EUCHARIST
2007-2008**

Please type or print clearly the information below.

Full name of child receiving First Communion:

Date of Birth: _____ Place of Birth: _____

Home address: _____
City/Village Zip Code

School: _____

Phone: _____ Emergency telephone No. _____

Contact person: _____

**Record of Baptism
Persons not Baptized at I.C. must present their Baptismal Record**

Date of Baptism: _____
Month Day Year

Church of Baptism: _____

Address: _____

City: _____ State: _____ Zip: _____

Godparents: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Thank You