

BAPTISMAL INFORMATION FOR FIRST COMMUNION

FULL NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLACE OF BIRTH _____ DATE OF BIRTH _____
CITY & STATE MONTH DAY YEAR

DATE OF BAPTISM _____
MONTH DAY YEAR

* CHURCH OF BAPTISM _____

ADDRESS OF CHURCH _____

CITY _____ STATE _____ ZIP _____

MY FATHER'S NAME IS:

LAST FIRST MIDDLE

MY MOTHER'S FULL NAME AND MAIDEN NAME IS:

MAIDEN FIRST MIDDLE

AGE CHILD WILL BE AT THE TIME OF FIRST COMMUNION _____

* **If your child was not baptized at Holy Spirit, please attach a photocopy of his/her Baptismal Certificate to this form. If you do not have the certificate, please contact that church.**

Return to Anne Weeks in the parish office as soon as possible.