

St. Patrick Catholic Church

9149 Elys Ford Rd., Fredericksburg, VA 22407 (540) 785-5299

INTERNAL USE ONLY:

____ CCD ____ Parish Office
____ RCIC ____ Homeschool
____ School Prog: _____

INTAKE INITIALS: _____

1st PENANCE & 1st HOLY COMMUNION INFORMATION FORM

1. COMMUNICANT & FAMILY INFORMATION:

Communicant's Name (*as appears on Baptismal Record*):

_____ (First) _____ (Middle) _____ (Last)

Address: _____ Biological Gender at Birth
_____ Male Female

Home Phone: _____ Cell Phone: _____

Email Address(es): _____

Date of Birth: _____ Age: _____
(Month) (Day) (Year) (at time of FHC)

Place of Birth: _____
(City) (State) (Country)

Father's Name: _____
(First) (Middle) (Last)

Mother's Name: _____
(First) (Middle) (Last) (Maiden)

2. CHILD'S BAPTISM INFORMATION:

Exact Date of Baptism: _____
(Month) (Day) (Year)

Communicant's Church of Baptism: _____

Street Address of the Church: _____

City/State/Zip Code: _____

M.O. # (military ordinariate #, if applicable): _____

Is this a Catholic Church? Yes NO If no, St. Patrick Catholic Church will become the Church of Record for all future Sacraments.

Please provide proof of baptism. → Done

