St. Patrick Catholic Church

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

INTERNAL USE ONLY:			
CCD RCIC	Parish Office		
School	Prog:		
INTAKE INITIALS:			

1st PENANCE & 1st HOLY COMMUNION INFORMATION FORM

1. **COMMUNICANT & FAMILY INFORMATION:**

(First)		(Middle)		(Last)
				Biological Gende at Birth Male Fema
Home Phone:			Cell Phone:	
Email Address(es):	<u> </u>			
				Age:(at time of FHC)
	(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)
CHILD'S BAPTIS	M INFORMATIO	<u>DN</u> :		
Exact Date of Bapt	ism:	(Month)	(Day)	(Year)
				(1 ear)
	_			
City/State/Zip Cod	e:			
M.O. # (military or	dinariate #, if appli	icable):		

3. PARENT'S MARITAL STATUS:

<u>Father's</u> Marital Status (check all that apply):	Mother's Marital Status (check all that apply):
Single Marriedin the Catholic Church NOT in the Catholic Church NAME of CHURCH:	Single Married in the Catholic Church NOT in the Catholic Church NAME of CHURCH (if not married to father):
SeparatedDivorced and not remarriedCohabiting (living with a partner, not a spouse)Previously married:in the Catholic ChurchNOT in the Catholic ChurchMarriage was annulledMarriage was not annulledPrevious spouse now deceasedMore than one previous marriage	SeparatedDivorced and not remarriedCohabiting (living with a partner, not a spouse)Previously married:in the Catholic ChurchNOT in the Catholic ChurchMarriage was annulledMarriage was not annulledPrevious spouse now deceasedMore than one previous marriage

Instructor to Complete:	
Date of 1 st Penance: Church of 1 st Penance:	_
St. Patrick Church	
Other:	
city	state
Date of 1st HOLY COMMUNION: Church of 1st HOLY COMMUNION:	
St. Patrick Church	
Other:	
city	state
Celebrant:	
INSTRUCTOR: SUBMIT COMPLETED FORM	M TO MAIN OFFICE