

## **First Communion Register Information Form**

Please print neatly.

NAME: \_\_\_\_\_  
LAST First Middle

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Date of Birth (DD/Month/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Church of Baptism: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Mother's Name: \_\_\_\_\_  
MAIDEN FIRST MIDDLE

- ☐ Yes! I have attached my child's birth certificate.  
☐ Yes! I have attached my child's Baptism certificate.  
☐ This First Communion will be my child's Profession of Faith as they become Catholic!  
☐ Yes! I have attached a Sacramental Register Information Form for OCIC.

I verify this information to be accurate and give consent for my child to receive First Communion:

\_\_\_\_\_  
Signature Date

For Office use only:

Date of First Communion: \_\_\_\_\_ Celebrant: \_\_\_\_\_

☐ Profession of Faith Page in Baptismal Register: \_\_\_\_\_

- ☐ Certificate made/sent ☐ Notation in Baptismal Register/sent (update sex) ☐ Update parish database