Application for the Reception of First Holy Communion 2027

Full name* of child celebrating the Sacrament of First Holy Communion

_____

*Child's name as it appears on the Baptismal Certificate

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Phone/Cell #:_____

Email Address:_____ School: _____

Parish where family is registered: _____
If not a Registered Parishioner, a letter of Permission from your Pastor giving permission to receive First Holy Communion here at St. Peter's is required.

Date & Place your child received First Penance: _____
Your Child must have received First Penance, to be eligible to receive First Holy Communion.

Record of Baptism

Date of Baptism: _____
Month Day Year
Church of Baptism: _____
City: _____
Godparents: _____
Father's Name: _____
Mother's Name: _____
First Name Maiden Name

Sacramental Fee: $40.00
Please Include Fee with Application Form.

If your child was baptized somewhere other than St.Peter's a copy of his/her Baptismal Certificate must accompany this form, unless it is already on file with Faith Formation.

********************************For Office Use Only********************************

Date Paid: _____ Check # _____ or Cash _____ Amount: $ _____ Rec'd By: _____