Holy Cross
CATHOLIC CHURCH

First Holy Communion Registration

Form and Payment ($60/Student)

Last Name: _____ First Name: _____

Gender (Circle): Male Female Date of Birth: _____/_____/_____ Age: _____

City of Birth: _____ State: _____ Country: _____

Baptism Information

Parish of Baptism: _____

Location: _____

Date of Baptism: _____

Parental Information

Father's Full Name: _____

Mother's Full Name (Maiden): _____

WE WILL NEED A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE