

# Seven Sorrows of the Blessed Virgin Mary Church

280 N. Race Street, Middletown, PA 17057-2298  
717-944-3133 | [ssbvm.org](http://ssbvm.org)

## 1<sup>st</sup> Communion INFORMATION SHEET

### **STUDENT INFO:**

Student Name: \_\_\_\_\_  
(Please Print)      First      Middle      Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date: \_\_\_\_\_

### **DATES & DETAILS:**

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
mm/dd/yyyy

PLACE OF BIRTH: \_\_\_\_\_  
Hospital      City/State

CHURCH OF BAPTISM: \_\_\_\_\_  
If baptized at SSBVM, you can skip down to the PARENT INFORMATION box.  
If NOT baptized at SSBVM, please provide a COPY of Baptismal Certificate with this form.

FULL DATE OF BAPTISM REQUIRED: \_\_\_\_\_ mm/dd/yyyy

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### **PARENT INFORMATION:**

Father's Name: \_\_\_\_\_  
(Please Print)      First      Middle      Last

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(Please Print)      First      Middle      Last and Maiden

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **NON-PARISHIONERS OF SEVEN SORROWS:**

Name of Parish: \_\_\_\_\_

\_\_\_\_ Yes, I want my child to participate and receive 1<sup>st</sup> Communion at Seven Sorrows with their classmates.

\_\_\_\_ Yes, I will fill out the required "Permission to Receive" Form and attach it to this information sheet.