Seven Sorrows of the Blessed Virgin Mary Church

280 N. Race Street, Middletown, PA 17057-2298
717-944-3133 I. ssbvm.org

1st Communion INFORMATION SHEET

STUDENT INFO:

Student Name:_____
(Please Print) First Middle Last

Address:_____

City:_____State:_____ Zip:_____

Date of Birth:_____Current Age:_____
mm/dd/yyyy

Place of Birth:_____
Hospital City/State

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:

REGISTERED PARISHIONERS OF SSBVM:

Church Of Baptism:_____
(If not SSBVM, a COPY of your Baptismal certificate is required with this form. Emails not accepted.

City of Baptism:_____

Date Of Baptism:_____(MM/DD/YYYY)
If SSBVM, we can look this up for you. If you know it, please fill it in.

Return forms to: Lisa Fortunato. Do not email.

REGISTERED PARISHIONERS OF "OTHER":

Current Parish:_____

Church of Baptism:_____

Date of Baptism:_____(MM/DD/YYYY)

Baptism City:_____

___ Yes, I understand that to receive 1st Holy Communion at Seven Sorrows, I MUST attach a **signed and sealed "Permission to Receive Form" from my Pastor with this form.**

Return forms to: Lisa Fortunato. Do not email.