

Holy Child Parish Sacramental Preparation

FIRST HOLY COMMUNION **SACRAMENT INFORMATION FORM**

(PLEASE PRINT ALL INFORMATION)

Child's Name _____
First Middle Last

Date of Birth Month _____ Day _____ Year _____

City of Birth _____ State _____ Zip _____

Place and Date of Baptism

Name of Parish (where Baptized): _____

City of Parish (where Baptized): _____ State _____ Zip _____

Date of Baptism Month _____ Day _____ Year _____

Child's Address:

Street _____

City _____ State _____ Zip _____

Father's Name _____

Mother's First Name _____

Mother's Maiden Name _____

Phone # _____ Cell # _____

Parent Signature _____

Activity Fee - \$35.00 – Make checks payable to Holy Child Parish

Please drop off or mail the Form and Activity Fee by **December 31st** to:
Holy Child Parish - Sacramental Preparation, 13 E. Evesham Road, Runnemede, NJ 08078

Thank you and God Bless you!