

CELEBRATION OF FIRST COMMUNION

Name of Person _____

Phone _____

Address

Date of Birth _____. Place of Birth _____

Date of Baptism _____.

Place of Baptism _____.

Baptismal Record - Yes ___ or No ___.

Father's Name _____ Religion _____

Mother's (Maiden Name) _____ Religion _____

Date of First Communion _____ Mass Time _____

Celebrant _____

THIS INFORMATION NEEDS TO BE ENTERED INTO THE CENSUS