

Application for the Reception of The Sacrament of First Holy Eucharist

Please type or clearly print the information below.

Full name of child receiving First Communion:

Date of birth: ___/___/___ Place of birth: _____

Home address: _____

School: _____ Grade: _____

Record of Baptism

All information must be filled in completely.

If your child was baptized at St. Michael, please complete the form below and return to your child's teacher. A copy of a baptismal certificate is also required if your child was baptized at another parish.

Date of Baptism: ___/___/___

Church of Baptism: _____

City: _____ State: _____ Zip: _____

Godparents: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

A \$20.00 sacrament fee is payable with this application. Please make checks payable to St. Michael Parish.

Due date for application and payment is January 23

Office Use

Baptism Certificate Recorded _____ \$20 Fee paid _____