

FIRST COMMUNION REGISTER

PLEASE COMPLETE AND RETURN THE FORM BELOW WITH \$70 FEE

Child's Name _____
First Last

Child's Date of Birth _____
Month Day Year

Father's Name _____
First Last

Mother's (*Maiden*) Name _____
First Last (*Maiden*)

Child's Date of (Baptism) _____
Month Day Year

Church of (Baptism) _____
Name of Church

Street Address

City State Zip Code

Mass of First Communion _____
Date Time of Mass

\$70.00 paid: check # _____ cash _____ Date _____
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