

# Application for the Reception of First Holy Communion 2024

Full name\* of child celebrating the Sacrament of First Holy Communion:

\_\_\_\_\_ \*Child's name as it appears on the Baptismal Certificate\*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone/Home & Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Parish where family is registered: \_\_\_\_\_

If not a Registered Parishioner, a letter of Permission from your Pastor giving permission to receive First Holy Communion here at St. Peter's is required.

## Record of Baptism

Date of Baptism: \_\_\_\_\_  
Month Day Year

Church of Baptism: \_\_\_\_\_

City: \_\_\_\_\_

Godparents: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
First Name Maiden Name

## Sacramental Fee: \$40.00

Please Include Fee with Application Form.

If your child was baptized somewhere other than St. Peter's a copy of his/her Baptismal Certificate must accompany this form, unless it is already on file with Faith Formation.

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Rec'd By: \_\_\_\_\_