



Sacred Heart Catholic Church
Faith Formation Office
2018 – 2019 First Communion Application

Staff Initials & Date

___/___/___

Student's Last Name: _____

Student's Given First Name: _____

Student's Preferred Name: _____

Where is your Student receiving formal faith formation classes this year? **(Circle below)**

2nd Grade First Communion Classes: Monday: Session I (4:45-6:00pm) or Session II (6:30-7:45pm)

Tuesday: Session I (4:45-6:00pm) or Session II (6:30-7:45pm)

Catholic School attending: Aquinas Seton School Linton Hall School

Homeschool: Apptmt with DRE for approval ___initials

Name of school your student currently attends: _____

Grade in school (year of application): _____

Parent Information:

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Maiden Name: _____ Home Phone: _____

Family Home Address:

Street# _____ City _____ Zip _____

BEST EMAIL ADDRESS: _____

Birth Information:

Date of birth: ___/___/___

Sex: _____

Child's Place of Birth (city & state): _____

Baptismal Information:

(Provide Copy of Certificate with this form for recording)

Date of Baptism: ___/___/___

Church of Baptism: _____

Complete Mailing Address: (include out of country address)

NOTES:

Profession of Faith (office use only)