

**ST. ANN ROMAN CATHOLIC CHURCH
FIRST COMMUNION REGISTRY FORM**

**Please complete this form and
return it to the parish office by January 15th.**

CHILD'S NAME: _____
LAST, FIRST

PLACE & DATE OF BIRTH: _____
CITY, STATE

DATE OF BIRTH

AGE (ON DATE OF FIRST COMMUNION): _____

PLACE & DATE OF BAPTISM: _____
CHURCH NAME, CITY, STATE

DATE OF BAPTISM

CURRENT HOME ADDRESS:

STREET CITY, STATE

PARENTS NAMES:

_____ & _____
FATHER'S NAME (FIRST, LAST) MOTHER'S NAME (FIRST, MAIDEN)

Please note, if your child was not Baptized at St. Ann, you need to submit a copy of their Baptismal Certificate.