



Age at Date of First Holy Communion

# St. Francis Xavier Catholic Church

## First Holy Communion and Inspired Sacramental Record Information Form

(All information is kept confidential)

Student First Name

Student Middle Name

Student Last Name

Address

City

State

Zip Code

Date of Birth

Place of Birth

*\*If your child is not baptized, please check this box:* ☐

Church Where Baptized (**Attach copy of certificate**)

Date of Baptism

Church Address

City

State

Zip Code

### Parent Information

Father's First & Last Name

Father's Phone Number

Father's Email

Mother's First & Last Name

Mother's Phone Number

Mother's Maiden Name

Mother's Email