Sacrament of FIRST HOLY COMMUNION
Information Sheet

Please fill out this form COMPLETELY and return it to the priest.
PLEASE PRINT CLEARLY

Holy Communion Candidate

Name _____
First Name (Baptismal) Middle Name (required) Last Name

Date of Birth _____ Place of Birth_____ Age _____Gender ____
City, State M/F

Home Address _____
Street or PO Box - City, State, Zip Code

Telephone_____Email_____

Father _____
First Name /Last Name

Mother _____
First Name /Last Name /Maiden Name

Parish of Baptism

_____
Name, Street, City, State, Zip Code

Date of Baptism (Month/Day/Year required)_____

If baptism occurred at a parish other than Our Lady of Lourdes Mission,
PLEASE INCLUDE A COPY OF THE BAPTISMAL CERTIFICATE.

First Holy Communion Date _____

Name of the Priest conferring First Holy Communion _____

Office use only; Book ____ Page ____ Line ____

Our Lady of Lourdes Mission

Mailing Address:
25352 NE 134th Pl
Salt Springs, FL 32134

PHONE
(270) 564-3355
EMAIL
lourdes.mission.fl@gmail.com