

Please complete this form and return it to Patti Reynolds in the Faith Formation Office in order for your child to be registered and eligible to celebrate First Communion this year. Thank you!

**FIRST COMMUNION REGISTRATION**

**Birth Information**

Child's Full Name: \_\_\_\_\_  
(last) (first) (middle)

**Please print how you would like name to appear on First Holy Communion Certificate:**

\* \_\_\_\_\_ \*

Date of Birth (month/day/year): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child of (Father's Full Name): \_\_\_\_\_

(Mother's Full Name, including Maiden Name): \_\_\_\_\_

Family Mailing Address: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Baptism Information**

If you are new to Saint Thomas, or your child was baptized at a different parish, please attach a copy of your child's baptism record. Thank you!

Date of Baptism (month/day/year): \_\_\_\_\_

Church where baptized: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City & State: \_\_\_\_\_

By Reverend: \_\_\_\_\_

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

**FOR OFFICE USE ONLY:**

Mass Date & Time \_\_\_\_\_

Baptism BK \_\_\_\_\_

Census \_\_\_\_\_

First Comm Bk \_\_\_\_\_

Notification \_\_\_\_\_