## St. Angela Merici Catholic Church Child's Last Name:\_\_\_\_\_\_\_\_\_ First Sacraments (Reconciliation & Eucharist) Information Sheet 2017

- 1. The First Holy Communion is provided in a group. Since it is a communal sacrament, it is desirable that the father, mother, siblings and extended family and friends attend the celebration. Please circle which group you plan to attend below.
- 2. A copy of your child's **Baptismal certificate** must be on file by March 1st. <u>Clearly and accurately</u> complete this form and return it to the church office prior to the Sacrament. After the ceremony, it will be signed by the Priest and will become part of our permanent sacramental records.
- 3. 1st Communions photos may be taken during the ceremony ONLY from your seat. The priest will also be happy to pose for pictures after the ceremony. For the Group Mass, a photographer will take pictures and provide an opportunity for you to order.

Please enter all items clearly. This form will be used for records and certificate.

| CHILD'S Legal Name: As shown on birth certificate | First Name                      |           | Middle Name           | 1 ( ) 1   |           |  |
|---|---------------------------------|-----------|-----------------------|---|-----------|--|
| , to one will our birth certificate               | riistivame                      |           | iviladie name         |   | Last Name |  |
| BIRTH Date  | Place of Birth w/               | City      | State                 | Zip Code  | Country   |  |
| FATHER's Legal Name:                              |                                 |           |                       |   |           |  |
|   | First Name                      |           | Middle Name           | Last Name   |           |  |
| Father's Religion                                 | Ma. M.                          |           | ,                     |   |           |  |
| MOTHER'S Legal Name:                              |                                 | V-1110-   |                       |   |           |  |
|   | First Name                      |           | Middle Name           | Last Name   |           |  |
| Mother's Religion                                 |                                 |           |                       |   |           |  |
| Home<br>Mailing Address                           |                                 |           |                       |   |           |  |
| Number  | Street Name                     | Apt.#     | City                  | State   | Zip       |  |
| Home Phone  |                                 |           | Email                 |   |           |  |
| Group: Circle One: (These dates may chang         | Saturday, April 29, 2017<br>pe) | OR        | Saturday, May 6, 2017 |   |           |  |
| ndividual: Reason:                                |                                 |           | (Date:                | Mass:   |           |  |
| To be completed by the priest officiat            | ing.                            |           |                       |   |           |  |
| First Holy Communion Date:_                       |                                 |           |                       | A PROPERTY OF THE PROPERTY OF |           |  |
|   |                                 |           |                       |   |           |  |
|   |                                 | Signature |                       |   |           |  |