



SAINT PATRICK PARISH

First Communion Candidate Intake Form

Information about the First Communicant

CANDIDATE

First: _____ Middle: _____ Last: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Place of Birth: _____

RECORD OF BAPTISM

Child was baptized in the Catholic Church:

Church of Baptism: _____

Address of Church of Baptism: _____

Date of Baptism: _____ Baptismal Certificate Attached:

Child was baptised in Christian but non-Catholic Church:

Church of Baptism: _____ Denomination: _____

Address of Church of Baptism: _____

Date of Baptism: _____ Evidence of Baptism Attached:

Child is unbaptized:

Request full Rite of Christian Initiation

Request Profession of Faith and Reception into the Catholic Church

PARENTS

Father

Mother

_____ First Name _____

_____ Middle Name _____

_____ Last / Maiden Name _____

_____ Phone _____

_____ Email _____

Date of Marriage: _____

Church of Marriage: _____

Address of Church of Marriage: _____