

Book Registry ____-_____
PDS Registry ____-_____

2018 FIRST COMMUNION REGISTRY FORM

(Please PRINT Legibly - Must be exactly as on CERTIFIED Birth Certificate)

“Must be submitted 4 weeks prior to Communion date in order to receive certificate on time”

CHILD’S FULL BAPTISMAL NAME :

1st Communion Age:

PLACE OF BIRTH (City / State)

DATE OF BIRTH:

/ /

CHURCH OF BAPTISM: St. Catherine of Siena, Martinez/CA θ

CITY/STATE

Other: _____

DATE OF BAPTISM:

/ /

Verified with certificate: θ

(Must be attached)

HOME ADDRESS:

Home Phone #

FATHER’S NAME:

MOTHER’S NAME:

Mother’s MAIDEN NAME:

Family Email Address:

Office Use Only:

Sdl-4.10.18

Notice of Sacrament Received

Registry #

At

St. Catherine of Siena Parish

1125 Ferry Street, Martinez, CA 94553

Tel: (925) 228-2230 Fax: (925) 228-1318

Please be advised that the following person, baptized at you Parish, has received the Sacrament of First Communion at St. Catherine of Siena Parish on: **May _____, 2018** at _____AM

by Rev. Anthony Huong Van Le

Other: _____

Name: _____

AGE: _____

Church of Baptism: _____

Date: _____

Parents: _____