**2018 First Communion Information**

Please complete the following form and return it to the Religious Education Office. To cover necessary expenses in regard to both Penance and Eucharist such as prayer books, home textbooks, certificates, workshop materials, altar flowers, booklets, postage, etc. ***a fee of $85.00***  is requested. *If there is any problem in paying this fee,* please call the office.

**Please return this form with your First Communion Mass Sign Up Form to the Religious Education Office, 180 Rodney Street, Glen Rock, NJ 07452**

**Please Print Clearly: All information is required**

**Child’s Baptismal Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name as it is written will appear on Certificate) (First) (Last)**

Gender: Male: \_\_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (House Number) (Street) (Town) (Zip Code)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-Mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please make sure you print the e-mail address correctly and if you change it notify us immediately.**

Age as of April 2018: \_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ (Hospital) (Town & State)

**\*\*IMPORTANT: IF THE BAPTISMAL INFORMATION IS NOT FILLED OUT YOUR CHILD WILL NOT BE ABLE TO RECEIVE COMMUNION.**

Date of Baptism: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (**Must be completed even if baptized at St. Catharine)**

**\*If not baptized at Saint Catharine Church, please attach a copy of the child’s Baptismal Certificate.**

**Name of Church of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (We need full name of parish and address so we can send your child’s Communion information to them.**

**Address of Church of Baptism**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Please do not leave information blank)**

 (Street)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City/Town) (State & Zip Code)

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) (Last)

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) (Last) (Mother’s Maiden Name

\_\_\_\_\_\_\_\_***I have enclosed the $85.00 fee (per child) – Checks made payable to St. Catharine Parish***