



First Holy Communion Sacramental Register Information Form Holy Trinity Catholic Church

Please return this form to your child's teacher or to the church or school office as soon as possible. Thank you. This information will be used to make the recordings in the church records. We will also notify the parish of baptism of your child's reception of the Sacraments.

***Note: For those NOT baptized at Holy Trinity or at St. Stephen in Caseyville, a copy of the Baptismal Certificate is also required if one has not already been provided.**

Please **PRINT** the full, formal name of the child receiving First Eucharist as you would like for it to appear on the certificate and in the worship aid:

Last First Middle

Circle: Male Female Age: _____ Grade Level: _____

Date of Birth: _____ Place of Birth: _____
City State

Place of Baptism: _____
Church Name City State

Date of Baptism: _____ **Baptism Certif. may be submitted to the Parish or School Office**

Parish where registered: Holy Trinity Parish St. Stephen Parish

Father's Full Name: _____
Last First Middle

Mother's Full Name: _____
Maiden First Middle

Contact Info

Address: _____

Phone: _____ email address: _____