

ST. SIMON CHURCH

First Eucharist Application Form

DATE: _____ (One form for each child in family needs to be submitted)

Child's full name (**name given at birth**) _____

Father's name _____

Mother's name _____ **Maiden name** _____

Street Address _____

City _____ State _____ Zip _____

Phone number _____ e-mail _____

Birth date _____

Birth place(city/state) _____

Baptismal date _____

IF BAPTIZED OTHER THAN AT ST. SIMON, AN OFFICIAL BAPTISMAL CERTIFICATE NEEDS TO BE OBTAINED FROM THE CHURCH WHERE BAPTIZED AND SUBMITTED TO THE OFFICE OF FAITH FORMATION (% of Judi Sullivan)

Baptismal Church name _____

City and State _____

Baptismal Sponsors _____

FOR OFFICE USE ONLY:

Received 1st Eucharist on this date: Saturday, May 5, 2012 _____ Sunday, May 6, 2012 _____

Recorded by (initials of person accepting form): _____

Date recorded in PDS: _____

Checked by: _____ Date checked: _____

Baptized at St. Simon (no baptismal certificate attached) _____

(Rev. 8/15/11)