

1ST COMMUNION APPLICATION
St. Peter Catholic Church

Full Name _____

Address _____

Phone Number _____

Birthday _____, Age _____

Place of Birth _____

Father's Name _____

Religion _____

Mother's Name _____ Maiden Name _____

Religion _____

I was Baptized at _____ on _____

If you were not Baptized at St. Peter's, I will need a photocopy of the certificate for the Communion registry.



Please return this to the Faith Formation Office. Thank you.