



# Archdiocese of St. Louis First Communion Sacristy Record

**Parish Name:** \_\_\_\_\_

**Note to Parent/Guardian:** This information is mailed to the Church of record (Church of Baptism) where your child's Sacramental Information is recorded. Complete and exact information is required. If your child's name has changed since baptism, please contact parish of baptism and provide legal documentation for the name change so records are recorded accurately.

## COMMUNICANT INFORMATION

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Church of Baptism Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Communicant Education: ☐ Home Schooled ☐ PSR

## PARENT INFORMATION

Father's Name: \_\_\_\_\_  
Last First Middle

Parishioner: ☐ Yes ☐ No

Father's Phone number: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First Middle

Mother's Maiden name: \_\_\_\_\_

Mother's Phone number: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Parishioner: ☐ Yes ☐ No

## OFFICE USE ONLY

Date of Sacrament: \_\_\_\_\_ Minister: \_\_\_\_\_

Verified by DRE/CRE: \_\_\_\_\_ Date Forwarded to Parish Office: \_\_\_\_\_

Date recorded in register: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Date recorded in PHOL: \_\_\_\_\_ Recorded By: \_\_\_\_\_