

FIRST HOLY COMMUNION REGISTRATION FORM

IMMACULATE HEART CATHOLIC CHURCH

2926 N Williams Avenue

Portland OR 97227

Child's Name: _____
Last First Middle

Address: _____
Street No. and Name City State Phone No.

Parents:

Father's Name Last First MI Religion

Mother's Name Last First MI Religion

Place of Birth: _____
City State

Date of Birth: _____ **Age:** _____

Place of Baptism: _____
Church City State

Date of Baptism: _____ **Verified:** _____

Please attach Baptismal Certificate to registration form

Please fill out the Form completely even if Child was baptized at Immaculate Heart Catholic Church. Thank you.