

Sacrament of First Communion

SS Peter and Paul Catholic Church
4735 W Michigan Ave
Saginaw, MI 48638

Child's Last Name: _____ Age: _____

Child's First Name: _____ Middle: _____

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

Date of Baptism: _____ Church: _____

Date of Confirmation: _____ Church: _____

Date of First Reconciliation: _____ Church: _____

Father: _____
First Name Last Name

Mother _____
First Name Last Name Maiden Name

Father's Religion: _____ Mother's Religion: _____

Address: _____
Street Address

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail Address: _____

If your child was baptised at a church other than SS Peter & Paul, please contact the church where the baptism took place for this sacramental record. They will gladly send or fax it to you.

FOR OFFICE USE

Baptism Certificate Received: YES NO

SS Peter & Paul Baptism Certificate Verification: Volume # _____
Page # _____

CHILD'S NAME

FIRST COMMUNION DATE / PLACE

FAMILY PHONE #

