

DATA FOR FIRST COMMUNION REGISTRATION
Return this form by March 31st to the First Communion Teacher/Catechist.

St. John the Baptist
106 W. Main St., PO Box 8
Vermillion, MN 55085

St. Mary
8433 239th St.
Hampton, MN 55031

St. Mathias
23315 Northfield Blvd.
Hampton, MN 55031

Name of Candidate (as you want it to appear on the certificate/program):

Residence (Address): _____

Telephone Number: _____

Birth: Date _____ **City/St:** _____

Baptism: Date _____ **Where:** _____

Father's Name (as you want it to appear): _____ **Religion:** _____

Mother's Name (as you want it to appear): _____ **Religion:** _____

Church of Parent's Marriage (name and location): _____

Church you plan to have your child receive First Communion at:

St. John the Baptist

St. Mary

St. Mathias

Attach copy of candidate's baptismal certificate if not baptized at St. John the Baptist in Vermillion, St. Mary's in New Trier or St. Mathias in Hampton.

For Office Use Only:

Entered into

Baptismal Register ___

First Communion Register ___

Notification Letter ___