

FIRST HOLY COMMUNION Information Form
Immaculate Conception Parish, Colorado Springs, CO

Today's Date: _____

Baptismal Name:

First / Middle / Last _____

Legal Name (If different) _____

Date of Birth _____ Sex: M / F Age: _____

Birthplace (City / State) _____

Date of Baptism _____

_____ Baptized at Immaculate Conception Parish

OR

_____ Submit Baptismal Certificate (not a copy, must call/write the **original Parish of Baptism** and have them mail to: **IC Parish, PO Box 5211, Colorado Springs CO, 80931-5211**- this will be retained by IC Parish)

Name of Church of Baptism _____

Address

City, State, Zip _____

If Military Archdiocese Baptism, Record # _____

Father's Name:

First / Middle / Last _____

Mother's MAIDEN Name:

First / Middle / **MAIDEN** _____

Family Address:

Street _____

City / State / Zip Code: _____

Primary Phone number: _____

E-Mail

*****Office Use

Only*****

Date of First Holy Communion _____ Time: _____

Priest:

Certificate Mailed ___ or Hand Delivered ___ Date: _____ Date Notification Sent: _____