FIRST HOLY COMMUNION INFORMATION

Saint Patrick Parish

Child's Legal Name (FML)_____

Gender _____Age_____

City, State, and Date of Birth_____

Grade Level_____School_____

Place and Date of Baptism_____

Home Address_____

Home Phone Number/s_____

Father's Legal Name (FML)_____

Mother's Legal Name (FML)_____

*** Please include a copy of the Baptism certificate.**

If you have any questions, please contact: Mrs. Consuelo Davis at cdavis@stpatrickkc.com or call 816-453-0971 Ext. 113.