

**EPIPHANY OF OUR LORD
OFFICE OF RELIGIOUS EDUCATION
3050 WALTON ROAD, PLYMOUTH METING, PA. 19462
215-367-5853**

FIRST HOLY COMMUNION PARISH DATA
(Please fill in all information for Parish Files)

(PLEASE PRINT)

CHILD'S NAME _____
(last name) (first) (middle)

AGE AT RECEPTION OF HOLY COMMUNION _____

CHILD'S HEIGHT _____

PLACE OF BIRTH _____ DOB ____/____/____
(town) (state)

PLACE OF BAPTISM _____
(church)

ADDRESS OF PLACE OF BAPTISM _____
(town) (state)

DATE OF BAPTISM _____
(month) (day) (year)

GLUTEN ALLERGY (Please circle one) Yes No

CHILD'S ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ PHONE _____

FATHER'S NAME _____
(first) (last name)

MOTHER'S NAME _____
(first) (maiden)

WE ARE REGISTERED IN _____ PARISH

_____ TOWN _____ STATE

PLEASE RETURN THIS COMPLETED FORM ON OR BEFORE APRIL 3, 2022