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 MARCH 26, 2023