



LITTLE FLOWER CATHOLIC CHURCH

First Communion Registration Form

Student's Legal Name: _____
 First Middle Last

Birth date: _____ Age by May 1st: _____

Birth Place: _____
 City State Country (if not U. S.)

Baptism date: _____ Church: _____
 Month/Day/ Year Name

Church Location: _____
 City State Country (if not U. S.)

Legal Father's Name: _____
 Last First

Legal Mother's Name: _____
(Before Marriage) Last First

Home address: _____
 Street City Zip Code

Phone Numbers: _____
 Home # Cell # Emergency #

Emails: _____