

Please present this form prior to the January Mass / Breakfast, with a copy of your child's Baptismal Certificate attached and the Sacramental Fee of \$50.00.

First Holy Communion
Our Lady of Good Counsel, Moorestown NJ

Name of child to receive First Holy Communion (Baptismal Name):

First Middle Last
Name, as you want it printed on First Holy Communion Certificate:

First Middle Last

Record of Birth of child to receive First Holy Communion:

City / State of Birth: _____

Date of Birth: _____

Record of Baptism of child to receive First Holy Communion:

Church of Baptism: _____

City / State: _____

Date of Baptism: _____

Parents' Name: (Conforms to information listed on child's baptismal certificate)

Father: (Legal Name): _____

Mother: (Include Maiden Name): _____

Age at time of First Communion: _____

Residence: ___ Moorestown, NJ ___ Mt. Laurel, NJ ___ Other: _____

For use by Office of Religious Education:

Baptismal Certificate Verified: _____ Sacramental Fee Paid: _____

Date of First Communion : _____