

First Communion Register

Please forward to Laurie Tilton, Blessed Sacrament Church, 182 High St, Greenfield MA 01301

(Please use **full names, no initials or nicknames.** Thank you.)

Baptismal Name: _____
(First) (Full Middle Name) (Last)

Place of Birth: _____
(Town) (State)

Date of Birth: _____ Age on May 5, 2019: _____
(Month/Day/Year)

Place of Baptism: _____
(Church Name) (Town) (State)

Date of Baptism: _____
(Month/Day/Year)

Present Address: _____
(Street) (Town) (State) (Zip)

Phone: _____ E-mail Address: _____

Father's Name: _____
(First) (Middle) (Last)

Father's Religion: _____

Mother's Name: _____
(First) (Middle) (Maiden Name)

Mother's Religion: _____

Name of Parish Where You are Registered: _____

Office Use Only

Office Remarks: _____

Baptism Recorded at Bl. S. H.T. Other

Census Recorded at Bl. S. H.T.

Baptismal Church Notified:

First Confession Date: _____

First Communion Date: _____