

# 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: \_\_\_\_\_  
(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: \_\_\_\_\_

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Office Remarks: \_\_\_\_\_  
\_\_\_\_\_

Baptism Recorded at  Bl. S.  H.T.

Census Recorded at  Bl. S.  H.T.

First Confession Date: \_\_\_\_\_

First Communion Date: \_\_\_\_\_