

SAINT ANN CATHOLIC CHURCH

310 North Olive Avenue
West Palm Beach, FL 33401

Religious Education Office
religious.education@sacwpb.org

REGISTRATION FOR FIRST HOLY COMMUNION

Please fill out registration completely – all information is needed!

Family Last Name _____

Child's Last Name _____ First _____ Middle _____

Date of Birth ____/____/____ Place of Birth _____

Mother's Last Name: _____ First name _____ Middle _____

Mother's Maiden name _____

Street Address _____

City _____ State _____ Zip Code _____

Mother's home telephone (_____) _____ - _____ Cell telephone (_____) _____ - _____

Father's Last name _____ First name _____ Middle _____

Street address _____

City _____ State _____ Zip Code _____

Father's home phone (_____) _____ - _____ Cell phone (_____) - _____ - _____

Has child been baptized? ___No ___Yes Date of Baptism ____/____/____

Name of Church _____

Street address _____

City _____ State _____ Zip Code _____

A COPY of the Birth Certificate AND Baptismal Certificate is also required, thank you!

FOR OFFICE USE ONLY

Birth certificate received: _____ Baptism certificate received: _____

Letter from previous parish received: _____

Notes/Remarks: _____
