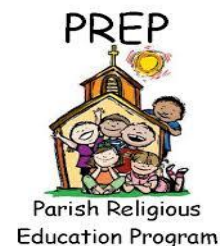


ST. THOMAS AQUINAS R.C. CHURCH

PARISH RELIGIOUS EDUCATION PROGRAM



601 Bristol Pike ■ Croydon, Pennsylvania 19021 ■ Telephone 215-788-2989 ■ dre.staq@gmail.com

APPLICATION FOR THE SACRAMENT OF FIRST PENANCE & FIRST HOLY COMMUNION 2017

PLEASE PRINT INFORMATION

Student Name: _____
(Last) (First) (Middle) (Jr., III, IV)

Place of Birth: _____ Date of Birth: _____
(Month) (Day) (Year)

*******(PLEASE FILL IN ALL BAPTISMAL INFORMATION ACCURATELY)*******

Place of Baptism *(If child was not baptized at St. Thomas Aquinas Church or St. Elizabeth Ann Seton Church, please call the parish where the baptism occurred and request a current Baptismal Certificate and attach it to this form --- No copies accepted, must have an original and the parish seal attached to the certificate):*

(Parish where baptism occurred) (City & State)

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

Age of Child by 1st Communion (May 2017): _____

Home address: _____

Phone: _____ E-mail address: _____

Father's Full Name: _____

Father's Religion: _____

Mother's Full **Maiden** Name: _____

Mother's Religion: _____

Catholic Marriage _____ Civil Marriage _____ Divorced _____ Other _____
(identify)

Parish in which Family is Registered:

If you are not registered anywhere, please let us know.