



# St. Catherine of Siena Catholic Church

## Office of Religious Education

1020 Springvale Road  
Great Falls, Virginia 22066

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stcatherinesreoffice@gmail.com

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### ***First Holy Communion Data Form***

**Please print legibly. All incomplete forms will be returned.**

Child's Baptismal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Full Name of Father \_\_\_\_\_

Full Name of Mother \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

### ***Baptismal Data***

**To be taken from child's Baptismal Certificate**

Parish of Baptism \_\_\_\_\_

Godparents \_\_\_\_\_ & \_\_\_\_\_

Date of Baptism (Month/Day/Year) \_\_\_\_\_

City and State of Baptismal Parish \_\_\_\_\_

**A photocopy of the child's Baptismal certificate must accompany this form and be given to the Office of Religious Education, unless he/she was baptized at St. Catherine of Siena Catholic Church.**

**If this is the case, the date of Baptism will suffice.**