



# St. Catherine of Siena Catholic Church

## Office of Religious Education

1020 Springvale Road  
Great Falls, Virginia 22066

(703) 759-3530  
stcatherinesreoffice@gmail.com

### *First Holy Communion Data Form*

Please print legibly in blue or black ink. All incomplete forms will be returned.

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

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

Full Name of Father (include title) \_\_\_\_\_

Full Name of Mother (include title) \_\_\_\_\_

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

Address(es) \_\_\_\_\_

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

Parent Email Address(es) for all Confirmation correspondence: Please list more than one email, if helpful.  
(Please do not list student email addresses.)

Preferred Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)  
(Text? \_\_\_yes\_\_\_no)

### *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 \_\_\_\_\_

Priest's Name \_\_\_\_\_

**A photocopy of the child's Baptismal certificate must accompany this form and be given to the Office of Religious Education.**