



Lutheran Church of Our Saviour
CHURCH: 888 Rockaway Ave, Valley Stream, NY 11581
TEL: [\(516\) 825-5453](tel:5168255453)

FIRST COMMUNION REQUEST FORM

Anticipated Date: _____

Child's Full Name: _____

Date of Birth: _____ Boy _____ Girl _____

Father's Full Name: _____ Cell Phone: _____

Mother's Full Name: _____ Cell Phone: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Is your child baptized: _____ Yes _____ No

If so, where and when: _____

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Mother's Signature

Date

Father's Signature

Date