

St. Francis Xavier Chapel, Japanese Catholic Center

222 S. Hewitt Street Los Angeles, CA 90012

Fax: (213) 628-1757 | info@sfxcjcc.org

1st Eucharist Application Form

Today's Date: _____

Name of Candidate: _____
Given Name Middle Name Surname

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Religion: _____
First Name Middle Name Last Name

Mother's Name: _____ Religion: _____
First Name Middle Name Maiden Name

Home Address: _____
Street City State Zip

Telephone: _____ Email: _____

COPY OF BAPTISMAL CERTIFICATE NEEDED IF NOT BAPTIZED AT ST. FRANCIS XAVIER CHAPEL

Baptism Date: _____

Baptismal Name: _____

Name of Parish: _____

Address of Parish: _____
Street City State Zip

First Reconciliation Date: _____ Priest: _____

First Communion Date: _____ Priest: _____

Office Use Only:

Book No.:	Page No.:	Line No.:
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