FIRST HOLY COMMUNION REGISTRATION (Year 3+) 2025/26

(Please fill in All sections & Write Clearly in Capitals)

Name of Child: …… **Surname:** ……..…… **Middle Name:** ……

Date of Birth: *(Day)* …… *(Month)* …… *(Year)*……..……

Date of Baptism: *(Day)* …… *(Month)*……..…….…… *(Year)* ……

Place of Baptism: ……..……..……..……

School Attended: …… **Year Group**…….

Name of Mother: ……..…..…… **Name of Father**: ……

Address: ……..……

…….. **Post Code**: …..……..……

E mail: ……..…

Tel. no: (**Home**)……..…… (**Mobile**) ……..

Church / Place of Marriage: ……

Church of regular Sunday Mass attendance and time of Mass: ……

Please tick who you are known to: Fr Pat ☐ Fr Chris ☐ Fr Allan ☐

Do you belong to any of our Parish groups? (Please specify) _____

Tell us below how you intend to support your child in preparing for the reception of Holy Communion at this Parish?

……..……

……..……

Has your child any special needs? Yes □ No □

Are you registered as a parish member? Yes □ No □

I agreed to have the record of details completed above be kept by Our Lady of Dolours Servite Parish at 264 Fulham Road, London, SW10 9EL.

Signature of Parent / Guardian: ……..…….. **Date**: ……..

Please Note: **Original certificate** of Baptism in the Roman Catholic Church and a £25 contribution for books and all expenses must accompany this form. Cash or cheques payable to: *Servite Friars, London Parish.*

All registration forms Must be returned to the Parish Office

Closing Date is _____)