

## FIRST HOLY COMMUNION REGISTRATION (Year 3+) 2024/25

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

Name of Child:	Surname:		Λ	Aiddle I	Name:		•••••
Date of Birth: (Day)	(Month)				. (Year).		
Date of Baptism: (Day)	(Month)	•••••		••••	. (Year)		
Place of Baptism:	•••••						
School Attended:					Year	Group	
Name of Mother:		I	Name of Fo	ather: .			
Address:	•••••		•••••		•••••		••••
		Post C	Code:				••••
E mail:				•••••			
Tel. no: (Home)			(Mobile)	•••••			
Church / Place of Marriage:				• • • • • • • • • • • • • • • • • • • •			
Church of regular Sunday Mass atte	endance an	d time	of Mass:	•••••		•••••	•••••
Please tick who you are known to:	Fr Pat		Fr Chris	s 🗆	Fr Allan		
<b>Do you belong</b> to <u>any</u> of our Parish e	groups? (Ple	ease s <sub>l</sub>	oecify)				-
Tell us below how you intend to Communion at this Parish?			•			-	-
Has your child any special needs?		Yes			No		
Are you registered as a parish mem	ber?	Yes			No		
l agreed to have the record of det Parish at 264 Fulham Road, London,	-	eted a	bove be k	ept by	Our Lady	of Doloui	rs Servite
Signature of Parent / Guardian:				D	ate:		

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 <u>Must</u> be returned to the Parish Office <u>Closing Date is 14<sup>th</sup> October 2024 (Monday)</u>