St. John the Apostle
Leesburg, VA
First Penance/Eucharist Information

Please fill out and return to the Religious Education Office by October 1.

Please print neatly.

NAME: _____
LAST FIRST MIDDLE

Address: _____

_____ Telephone: _____

Email: _____

Date of Birth (M/D/Y): _____ Age at First Communion: _____

City and State of Birth: _____

Church of Baptism: _____ Date: _____

Address of Church of Baptism (if not Blessed Sacrament) _____

_____

Have I attached an original copy of my child's Baptismal Certificate? YES NO
(Please be sure to attached one, even if they were baptized at St. John the Apostle).

Father's Name: _____
LAST FIRST MIDDLE

Mother's Name: _____
LAST FIRST MIDDLE MAIDEN

Religious Education Class:

- ❑ CCD Session time(s)
- ❑ Homeschool

Father's Signature: _____

Mother's Signature: _____