

Application for Reception of First Holy Eucharist
St. Francis of Assisi Parish
P.O. Box 929
Seahurst, WA 98062

Child's Full Name: _____

Date of Birth: _____ Place of Birth: _____

Parents/Guardians Names: _____

Mother's Maiden Name: _____

Address _____ City _____ ZIP _____

Phone # Hm _____ Cell _____ Work _____
Include area code Include area code Include area code

Phone # Hm _____ Cell _____ Work _____
Include area code Include area code Include area code

School: _____ email id: _____

What grade will the child be in when they receive this sacrament? _____

Record of Baptism

Was the child baptized in the Roman Catholic Church? _____ *

If yes, which parish? (include city & state): _____ *

Date of Baptism: _____
Month Day Year

Name of Godfather _____ Godmother _____

***If the child was not baptized at St. Francis of Assisi Parish, please make sure the Office of Faith Formation has a record of the certificate. If the child was not baptized Roman Catholic, please provide the date of a profession of faith.**

