



St Winefride's Roman Catholic Church,
Little Neston

APPLICATION FOR SACRAMENT OF FIRST COMMUNION	
Full name of your child:	
Date of Birth:	
Current age:	
Current School attending:	
Home address:	
Tel:	Mobile:
Email:	
Mother's full name/s	Religion:
Father's full name/s	Religion:
Names of other siblings:	
Sacraments your child has already received:	
Baptism (Church, date):	
Parent signature: Print name:	
Date:	
For office use:	Start date of classes:
Confirmation date: _____	_____
Booked on preparation classes: Yes / No	

