Saint Francis of Assisi Parish
600 Hamilton Street
Norristown, PA 19401
610-272-0402

First Communion Application Due: Monday, March 16, 2009

Please fill out this form completely. Please use ink and print clearly. Thank you.

Student Name: _____
First Middle (if any) Last

Street Address: _____
House Number Street

City: _____ State _____ Zip Code:_____

Telephone: _____

Date of Birth: _____
Month Day Year

Age: _____ Place of Birth:_____
City State

Father's Full Name: _____
First Last

Mother's FIRST & MAIDEN Name: _____
First MAIDEN NAME

Full Name of Church of Baptism: _____

Address of Church of Baptism: _____
Street City State Zip

Date of Baptism: _____
Month Day Year

Are you a registered parishioner at St. Francis of Assisi? _____ Yes _____ No

If not, in what parish are you registered? _____

PLEASE NOTE: Students who were not baptized at St. Francis of Assisi are required to attach a copy of their Baptismal Certificate with this application. Thank you.