

St. Patrick's Church, Ballyshannon

First Holy Communion Enrolment Form

Name of Child (as on birth certificate)

Date of Birth

Names of Parents / Guardians

1. _____ 2. _____

Address: _____

Postcode: _____

Contact Number: _____

Email: _____

Is your child baptised in the Catholic Church ? Yes _____ No _____

Date and place of Baptism.

If your child was not baptised in St. Patrick's, please enclose a Baptismal Certificate

We / I wish to have my child enrolled for the Sacraments of
First Confession and First Holy Communion.

In doing so I am accepting the responsibility of training him / her in the practice of the faith.

It will be my duty to bring him / her up to keep God's commandments as Christ taught us,
by loving God and our neighbour.

I will support my child in preparing for these Sacraments
by teaching him / her to pray at home and celebrating our Faith at Mass every Sunday

Signed _____

Date _____