

St Monica's Parish
Diocese of Motherwell

Sharp Avenue, Coatbridge. ML5 5RP. TELEPHONE: 01236421750

Application for the Sacrament of First Communion

Full Name of Child _____

Your Patron Saint: -----

Their Date of Birth _____

Your Current Address (include flat number) _____

Mobile Telephone Number _____

Your name as parents or single parent.

Date and Place of the Baptism of your child _____

Children who are not baptised cannot receive any of the other six sacraments. If you wish your child to be baptised please complete and return this form but also place a cross in this box []

Date and Place of the First Confession of your child _____

If you are not currently living in St Monica's Parish we will need to inform your Parish Priest of this Sacrament so please give the name of the Parish where you do live at present.

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What is a good time to visit you at home? Morning? _____ Afternoon? _____ Evening? _____

Please remind us of the other members of your family and their ages _____

Application

I/we would like to apply for my/our child to receive the Sacrament of First Communion. We will help to prepare our child for this Sacrament by coming to Mass in this Parish regularly and by working at home with the materials provided by St. Monica's Primary School or the Parish

Signed _____