FIRST COMMUNION INFORMATION SHEET
EMANUEL'S LUTHERAN CHURCH

Child's Full Name _____
First *Middle* *Last*

Home Address _____
Street *City* *Zip*

Date of Birth _____
Month / Day / Year

Place of Birth _____
City *State* *Country*

Date of Baptism _____
Month / Day / Year

Place of Baptism _____
City *State* *Country*

School _____ Grade_____
If Applicable

Church where Baptized _____

Parent(s) / Guardian(s)

Name _____

Address _____

City, State, Zip _____

Email _____

Home Phone _____

Cell Phone _____

Work Phone_____

Parent / Guardian (If Different From Previous)

Name _____

Address _____

City, State, Zip _____

Email _____

Home Phone _____

Cell Phone _____

Work Phone_____

Brother(s) or Sister(s)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Paternal Grandparent(s)

Name _____

City, State _____

Maternal Grandparent(s)

Name _____

City, State _____

Baptismal Sponsor(s)

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____