

First Communion Candidate Information

**** Parents, this paper **must** be completed and returned to Pax Christi Church by March 10th. ****

Child's Full Name: _____
(as it is to appear on the First Communion certificate)

Street Address: _____

City: _____

Phone # _____ Email _____

Birthday: _____ Birth City & State _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

For those not baptized at Pax Christi Church, please attach a copy of the Baptismal Certificate.

Church of Child's Baptism: _____

Address: _____

City/State/Zip Code _____

Phone #: (_____) _____

Any questions, please contact:

Joyce Lehman

Elementary Youth Minister

First Reconciliation and First Eucharist Coordinator

282-8542 ext 108

226-0395 direct line

elementary@paxchristichurch.org

joyce.lehman@paxchristichurch.org



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