

RECORD OF FIRST COMMUNION
ST. JOHN THE EVANGELIST CATHOLIC CHURCH
AND
THE CHURCH OF THE TRANSFIGURATION OF OUR LORD MISSION

Date of First Communion ___ / ___ / ___ **Church** _____

Name _____

Date of Baptism ___ / ___ / ___ **Place of Baptism** _____

Father's Name _____

Mother's Name (Maiden) _____