

Saint John Neumann Catholic Church
Office of Religious Formation

9000 Warfield Road † Mailing Address: 8900 Lochaven Drive, Gaithersburg, Maryland 20882 † 301.977.7990 † Fax 301.330.3235

FIRST COMMUNION REGISTRATION

First Communicant's Background

- **First Communicant's Information:**

Name: _____
First Middle Last

Name as it is to appear on the First Communion Certificate:

First Last

Date of Birth _____ / _____ / _____ (MM/DD/YYYY)

Place of Birth _____

Country _____

Current Address _____

City _____ State _____ Zip _____

- **Baptism:** All parents or guardians **MUST** submit a copy of the child's Baptismal certificate UNLESS s/he was baptized at St. John Neumann. ALL parents must fill out the following information for their children:

Date of Baptism _____ / _____ / _____ (MM/DD/YYYY)

Parish _____

Address of Parish _____

City _____ State _____ Zip _____

By Reverend _____

Godparents _____

Parents' Information:

- Father' Full Name: _____

- Mother's Full Name: _____ Maiden Name: _____