

St. Joseph Catholic Church

745 Ezzard Charles Drive
Cincinnati, Ohio 45203
Phone: (513) 381-4526 Fax: (513) 381-5244

Registration for First Holy Communion

Form Completed by: _____ Today's Date: _____

Please complete one form for each child who will be receiving this sacrament

Parent/Guardian Information: *(if guardian, use section below to complete information)*

Mother's Full Name (include maiden name: _____)

Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Do you text? (yes/no): _____

Father's Name: _____

Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Do you text? (yes/no): _____

Child Information:

Child Full Name: _____

Date of Birth: _____ Baptized? (yes/no): _____ When: _____

Name of Church where baptized: _____

Address of Church where baptized: _____

Name of School child attends: _____

Grade completed as of summer 2019: ____

Guardian Information: _____

Any Comments? _____
