

First Reconciliation & First Communion Information Form

Last, First, Middle Name: _____

Address: _____

Date of Birth: ____/____/____ City & State of Birth: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Father's Name: _____

Date of Baptism (m/d/y): ____/____/____

Name of Baptismal Church*: _____

Street Address of Baptismal Church: _____

City & State of Baptismal Church: _____

*** If your child was not baptized at Queen of the Holy Rosary – Wea, we need a proof of the Baptism. This is obtained by contacting the parish he/she was baptized and requesting it.**

Completed forms can be returned to John Williams at jwilliams@qhrwea.org or the parish office during office hours.