Request for reception of the

## Sacrament of First Holy Communion

St. John the Evangelist Parish, Arthur

## First Holy Communion Day: Sunday, May 4, 2025



	Full Name of Candidate
	Date of Birth & Age
Father's Name	Mother's Name
Address:	
Telephone:	Email:
School Attending	Present Grade
<u>(</u>	Candidates Baptismal Information
Was the Candidate Baptize	d in the Roman Catholic Church? Yes No
If yes, name & address of par	ish:
	tized at St. John the Evangelist Parish - You must obtain a copy from the church of the Baptism. It can be delivered or Emailed
<del>-</del>	<u>@hamiltondiocese.com</u> (Not to the School).
The Sacrame	nt <u>cannot proceed without this document of proof.</u>

NB: This form <u>needs to be returned to the Church on the Enrollment Day</u>
<u>Sunday, December 15, 2024</u>, at the 10:30am Mass