

# First Holy Communion Registration Form

**St. John de la Salle Catholic Church**  
**10205 S. M. L. King Drive**  
**Chicago, IL 60628**

PLEASE **PRINT** THE INFORMATION

Name \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_  
*Month / Day / Year*

Place of Baptism \_\_\_\_\_  
*Name of Church*

City & State \_\_\_\_\_ Date of Baptism \_\_\_\_\_  
*Month / Day / Year*

Present Church You Attend \_\_\_\_\_

**DATE OF FIRST COMMUNION:**