**First Communion Information**

**Date of First Communion:**

**Child’s Name:**

(First) (Middle) (Last)

**Street Address:**

**City/Town, State, Zip**

**Father’s Full Name**

(First) (Middle) (Last)

**Mother’s First & Maiden Name:**

(First Name) (Maiden Name)

**Complete Date of Baptism:**

(Month) (Day) (Year)

**Church of Baptism**

**City/Town, State, Zip**

***If your child was NOT baptized at St. Michael’s please include a copy of their baptismal certificate. If you do not have one in your possession, you must contact the parish where they were baptized.***

Baptismal certificates can be faxed to St. Michael’s Parish: (413) 525-2443

Attn: Religious Education Office

scanned to email: stmikereled@gmail.com

or mailed to: St. Michael’s Religious Education Office

53 Somers Road

East Longmeadow, MA 01028

***Baptismal certificates can also be dropped in the locked mailbox at***

***the Religious Education Office - 53 Somers Road.***