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**St. Katharine Drexel Parish First Holy Communion Preparation Program**

**(PLEASE PRINT NEATLY)**

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |

First, Middle, Last

|  |  |
| --- | --- |
| Address: |  |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Phone Number: |  |
| Birth Date: |  |

Father’s First and Last Name:

|  |
| --- |
|  |

Mother’s First, Last and Maiden Name:

|  |
| --- |
|  |

Parent(s) E-Mail Address:

|  |
| --- |
|  |

**Sacramental Information:**

Date and Parish your child was baptized:

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|  |

\*\*If your child was baptized outside of the United States, please include a copy of their certificate of baptism.

Mail the completed application to:

Saint Katharine Drexel Parish Center

Attn: Office Manager/Parish Life Coordinator

175 Ruggles Street, Roxbury, MA 02120

Or

Email this completed application to [info@stkdparish.org](mailto:info@stkdparish.org) with subject “First Communion Application” and notify the parish office at 617-445-8915 that the application was emailed.

You will be contacted once the application has been received.