



- |                                       |
|---------------------------------------|
| <input type="checkbox"/> Sunday Class |
| <input type="checkbox"/> Monday Class |
| <input type="checkbox"/> School       |
| <input type="checkbox"/> Out of Step  |

# FIRST EUCHARIST APPLICATION

## May 3, 2025

**[Form due by March 15, 2025]**

Child's Last Name		Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's First Name	Child's Middle Name	
Father's Full Name (FIRST – MIDDLE – LAST)		
Mother's Full Name (FIRST – MIDDLE – LAST)		
Mother's Maiden Name		
Child's Date of Birth	City/State of Birth	
Date of Baptism	Name of Church where baptized	
Address of church where baptized other than St. Edith		

***Please attach a copy of your child's Baptismal Certificate, unless they were baptized at St. Edith.***

----- FOR OFFICE USE ONLY -----

- |  |   |
|--|---|
| <input type="checkbox"/> BAPTISM ENTERED | <input type="checkbox"/> RECONCILIATION DATE _____  |
|  | <input type="checkbox"/> FIRST EUCHARIST TIME _____ |