FIRST EUCHARIST INFORMATION GATHERING SHEET

Child's *Full* Baptismal Name: _____
(First) (Middle) (Last)
Birth Father: _____
Birth Mother: _____ Mother's Maiden Name:_____
Child's Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Child's Birthdate_____ Child's Age at time of First Communion:_____
Parent(s) Email Address(es)_____

For students who maintain two residences, if First Eucharist mailings should go to more than one address, please include the second address:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Was your child baptized at St. John Parish in Little Chute? YES_____ NO_____
If you answered YES, you do not need to supply a baptismal certificate, we have that on record.

If you answered NO, please provide the following information regarding your child's baptism:

Parish Name (if not St. John): _____
City: _____ State: _____

If not baptized at St. John's, it is required that you email an electronic copy, or drop off a hard copy, of your child's baptismal certificate to the St. John Parish office for our records

MASS PREFERENCE

Please indicate a first and second choice: Every attempt will be made to accommodate your first choice. You will be notified which Mass you have as soon as all students are placed.

April 24 (4:30 pm) _____ April 25 (10:00 pm) _____
May 1 (4:30 pm) _____ May 2 (10:00 am) _____

MASS PARTICIPATION

When signing your child up for a role at Mass, please take into consideration your child's comfort level with speaking in front of a large group.

_____Proclaim a Reading
_____Present the Gifts
_____Lead a Prayer of the Faithful

Other notes, special circumstances, i.e. handicap seating, cousins at same Mass, etc: _____
_____
_____
_____

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU RECEIVE IT

MASS PREFERENCE AND PARTICIPATION ASSIGNMENTS
WILL BE FIRST COME, FIRST SERVED