



## St John Bosco Parish - Easterhouse

St Benedict's Church and St Clare's Church.

Residence: 18 Drumlanrig Avenue, G34 0HP

TELEPHONE: 0141 771 3740

### ***Application for the Sacrament of First Holy Communion***

Full Name of Child \_\_\_\_\_

Their Date of Birth \_\_\_\_\_

Your Current Address (include flat number) \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

Your name as parents or single parent.

\_\_\_\_\_

Who are the adults now caring for the child? \_\_\_\_\_

Date and Place of the Baptism of your child \_\_\_\_\_

**Children who are not baptised cannot receive any of the other six sacraments. If you wish your child to be baptised please complete and return this form but also place a cross in this box [  ]**

Date and Place of the First Confession of your child \_\_\_\_\_

**[Give both the date and the place]**

If you are not currently living in St John Bosco Parish we will need to inform your Parish Priest of this Sacrament so please give the name of the Parish where you do live at present

\_\_\_\_\_

What is a good time to visit you at home? Morning? \_\_\_\_\_ Afternoon? \_\_\_\_\_ Evening? \_\_\_\_\_

Please remind us of the other members of your family and their ages \_\_\_\_\_

\_\_\_\_\_

#### **Application**

I /we would like to apply for my/our child to receive the Sacrament of Holy Communion for the first time. We will help to prepare our child for this Sacrament by coming to Mass in this Parish regularly and by working at home with the materials provided by St. Benedict's Primary School.

Signed \_\_\_\_\_