



Application for the Reception of the
Sacrament of First Holy Communion **2024-2025**
(**Sacramental Record Information**)

Name of Child: First Middle Last

Date of Birth: _____ Place of Birth: _____
mm/dd/yyyy city, state (*country if outside U.S.*)

Date of Baptism: _____ Name of Church where Baptized _____
mm/dd/yyyy

Church Address: _____

City State Zip
(If the Church of Baptism is outside of the US, contact the Parish Office.)

Family Residence Address: _____

City State Zip

Father's Full Name: _____

Mother's Full MAIDEN Name: _____

Parent Email Address: _____ Parent Phone # _____

Age at time of First Holy Communion: _____ years.

Are you parishioners at St. Veronica Catholic Church? _____ Envelope # _____

How is your child receiving preparation for First Holy Communion?
___ Homeschooling (with Pastor's approval, please schedule an interview with the DRE)
___ St. Veronica Religious Education
___ Catholic School (School Name: _____)
___ Other (Please explain: _____)

Please return this form in hard copy to the Religious Education Office along with your child's **Birth Certificate and Baptismal Certificate**.

We must see the original Baptismal Certificate with a parish seal, and we must retain a copy. We can make a copy for you if you present the original at the Parish Office. If your child was baptized at St. Veronica, no Baptismal Certificate required but please fill out the above information clearly so that we can locate your records.

Contact us: (703) 773-2004 re@stveronica.net