

# Celebration Lutheran Church

## First Communion Information Form

Date of First Communion: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_

Full Name of person receiving 1<sup>st</sup> Communion: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Mother's Name: \_\_\_\_\_

(If address is different than child)

Address: \_\_\_\_\_  
Street City/State Zip

(If address is different than child)

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Does your child have sponsors: Yes No

If yes: Sponsor #1 \_\_\_\_\_ Will be attending service yes no

Sponsor #1 \_\_\_\_\_ Will be attending service yes no