

**DATA FOR FIRST COMMUNION REGISTRATION**  
**Return this form by March 31<sup>st</sup> to the First Communion Teacher/Catechist.**

*St. John the Baptist*  
106 W. Main St., PO Box 8  
Vermillion, MN 55085

*St. Mary*  
8433 239th St.  
Hampton, MN 55031

*St. Mathias*  
23315 Northfield Blvd.  
Hampton, MN 55031

**Name of Candidate (as you want it to appear on the certificate/program):**

\_\_\_\_\_

**Residence (Address):** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Birth: Date** \_\_\_\_\_ **City/St:** \_\_\_\_\_

**Baptism: Date** \_\_\_\_\_ **Where:** \_\_\_\_\_

**Father's Name** (as you want it to appear): \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Mother's Name** (as you want it to appear): \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Church of Parent's Marriage** (name and location): \_\_\_\_\_

**Church you plan to have your child receive First Communion at:**

- St. John the Baptist       St. Mary       St. Mathias

**Attach copy of candidate's baptismal certificate if not baptized at St. John the Baptist in Vermillion, St. Mary's in New Trier or St. Mathias in Hampton.**

For Office Use Only:

Entered into

Baptismal Register \_\_\_

First Communion Register \_\_\_

Notification Letter \_\_\_