

**St. Christina Parish**  
**Communion Information Form**

**A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATED MUST BE ATTACHED TO THIS FORM.**

In accordance with the Archdiocese of Chicago, it is **required** that the information requested below is verified and recorded prior to Reception of the Sacrament. All areas of this form must be completed in full. Please print clearly.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (Middle) (First)

City of Birth \_\_\_\_\_ M/F Country \_\_\_\_\_

**BAPTISMAL INFORMATION**

Please provide a copy of the Baptismal Certificate with this completed form.

Child's Name on Baptismal Cert. \_\_\_\_\_

Mother's Name on Baptismal Cert. \_\_\_\_\_

Father's Name on Baptismal Cert. \_\_\_\_\_

Date of Baptism: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ City of Birth: \_\_\_\_\_

Church of Baptism \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother first name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE completed this entire form. Attach a copy of your child's Baptismal Certificate This form must be returned on **October 4, 2024** at our first meeting. **If you have turned this in prior to 10/4/2024 do not fill out.**