

ST ELPHEGE'S CATHOLIC CHURCH WALLINGTON
FIRST HOLY COMMUNION REGISTRATION FORM

Name of Candidate

Date of Birth..... Gender: (Male / Female)

Church of Baptism of the Candidate.....

Date of Baptism.....

Home Address

..... Postcode.....

Where do you attend Mass..... How often.....

Baptism Cert

Seen

Unseen

Parents' Details

Mother's Name.....Religion.....

Father's Name.....Religion.....

Tel no..... Email

I hereby grant permission / do not grant permission (circle as appropriate) to St Elphege Parish to take and use photographs and /or digital images of my child for use in printed publications or electronic publications and the parish social media.

SIGNED.....

DATE.....

(Signature of parent)

There is a £20 charge to cover books and certificates

The information supplied on this Form will be stored on a secure database in accordance with the Diocesan Data Protection Policy.