

COMMUNION FORM

DUE DATE: 2-26-21

You may email us the completed form or drop off
at the Kinane Center in the locked mailbox (215 Ridge Terrace)

LATE FEES

RETURN by 2-26-21 = no late fee

RETURNED between 2-27-21 – 3-12-21 = \$20.00 LATE FEE

RETURNED AFTER 3-12-21 = \$30.00 LATE FEE

PLEASE PRINT

1. Communicant's Name: _____
[FORMAL FIRST NAME only] [LAST NAME]

2. Date & Place of Birth: _____

3. Age AT Communion: _____

4. **FULL** Date of Baptism [**MUST HAVE**]: _____
If at SPC & you don't remember full date – please call the Rectory at 847-825-7605

5. Church of Baptism [**MUST HAVE**]: _____

5a. This is a Roman Catholic Church: YES NO - IF YES SKIP TO #6

5b. IF NOT, do you want your child to **become** Catholic YES NO

6. Church Address: _____ City: _____ State: _____

7. Father's Name: _____

8. Mother's Name [with MAIDEN]: _____

9. Home Address: _____

10. City: _____ Zip: _____ Telephone: _____

14. PARENT

SIGNATURE: _____ **DATE:** _____

15. Communicant: MALE FEMALE CURRENT GRADE _____ CURRENT SCHOOL _____