



FIRST HOLY COMMUNION
St. Jude Catholic Church
2025-2026

Please print clearly:

Full Name given at Baptism of child receiving First Communion:

Date of Birth: _____ City & State of Birth: _____

Home address: _____

City & Zip: _____ Phone: _____

School: _____ Grade: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

If your child was baptized at St. Jude Parish, we can verify this in the Parish records.
If your child was not baptized at St. Jude Parish, you must contact the parish of baptism
and request a baptismal certificate. It can be sent directly to St. Jude,
and the original will be returned to you.

Record of Baptism: Must be completed for all.

Date of Baptism: _____

Church of Baptism: _____

City/State/Zip: _____

**Please return completed form to the St. Jude Parish Office
by December 1, 2025.**

OFFICE USE ONLY

Revised 08/25