

**APPLICATION FOR THE RECEPTION OF FIRST HOLY EUCHARIST**

**2018-2019**

Name of Child Receiving First Eucharist:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # to reach you: \_\_\_\_\_

E-Mail: (write legibly) \_\_\_\_\_

School Attending in Fall 2018: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Record of Baptism**

**For children baptized at Cathedral, please provide the date of baptism.**

**All other children must provide a copy of baptismal certificate.**

Date of Baptism: \_\_\_\_\_

(Month)

(Day)

(Year)

Church of Baptism: \_\_\_\_\_

Address of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Godparents: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Sacramental Fee of \$25.00 is due by July 31, 2018.**

Return Form and Payment to: The Cathedral, Attn: Faith Formation, 259 E. Onondaga St., Syracuse, NY 13202

For Office Use: Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_