

Our Lady and The English Martyrs Parish Registration for First Holy Communion

Child's Full Name: _____

Male or Female _____ Date of Birth: _____

Address: _____

Postcode: _____

E-Mail: _____

Telephone Number: _____ Mobile Number: _____

Name of Church where
you were baptised: _____

Place of Baptism: _____

Date of Baptism: _____

Father's Name: _____

Mother's Name: _____

Name of any other person authorised
by you to escort your child (1) _____

(1) A telephone or mobile number for them? _____

Name of any other person authorised
by you to escort your child (2) _____

(2) A telephone or mobile number for them? _____

Which School is your child attending? _____

Are you Home Schooling? (YES|NO) _____

How often do you attend Holy Mass? (Circle the appropriate answer) Weekly | Fortnightly | Monthly

Which Church do you attend normally? _____

Which Mass time is usual for you? _____

Who is your current Parish Priest? _____

Please complete the Further Information Section overleaf

FURTHER INFORMATION SECTION

Does your child have allergies? (Please circle) YES | NO

If YES, please give details

Does your child carry medication which he/she may need to take? (Please circle) YES | NO

Are there any other details that you consider to be relevant to your child's needs including special educational ones?

PLEASE NOTE:

We require an Authenticated Baptism Certificate to register your child for this course. If you do not have the original Baptism Certificate then you will need to approach the parish where your child was baptised and ask for a Baptism Certificate signed, sealed and dated by the Parish Priest.

I/WE the parent(s)|guardian(s) of the child named, hereby give Our Lady and The English Martyrs Parish, Cambridge, permission to use a still image depicting my(our) child for the purpose of making them known to the Parish Community.

"In signing this form I agree that the information given above may be held securely by the Parish and that some or all of the conditions as set out in Schedule 3 of the 1998 Data Protection Act may apply."

SIGNED: _____

PRINT NAME: _____

DATE: _____

PLEASE RETURN THIS FORM TO:

The Rt Revd Mgr Eugène Canon Harkness
The Catholic Rectory,
Hills Road,
CAMBRIDGE,
CB2 1JR