

# Our Lady of The Assumption and The English Martyrs Registration for First Holy Communion

Child's Full Name: \_\_\_\_\_

Male or Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Name of Church where 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 as appropriate) Weekly | Fortnightly | Monthly | Occasionally

Which Church do you attend normally? \_\_\_\_\_

Which Mass time is usual for you? \_\_\_\_\_

*Please turn over*

By ticking this box  and signing below I agree to the Diocese of East Anglia using the information I have provided on this application solely for the purposes of processing this application and for any other sacramental matters which may arise in the future.

I/WE the parent(s)|guardian(s) of the child named, hereby give permission to use a still image depicting my(our) child for the purpose of making them known to the Parish Community and to participate in any activities associated with their Sacramental instruction.

I understand that this information will be held indefinitely by the Diocese of East Anglia in secure storage strictly in accordance with the provisions of the EU General Data Protection Regulations (GDPR) 2016/679, as to collection, handling, secure storage, use, retention and disposal of this data.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

### 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

If YES, please give details \_\_\_\_\_

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. This may be sent by email to [registers@olem.org.uk](mailto:registers@olem.org.uk) or posted to: The Parish Registrar, The Catholic Rectory, Hills Road, CAMBRIDGE, CB2 1JR**