



# HOLY MARTYRS OF VIETNAM CATHOLIC CHURCH RELIGIOUS EDUCATION OFFICE

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## FIRST HOLY COMMUNION REGISTRATION FORM

*(As this information will appear on your child's certificate and be entered into parish records, please print legibly).*

### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_  
First Middle Last

Grade \_\_\_\_\_ Family Parishioner/Envelope Number \_\_\_\_\_  
*(Your family must be registered, participating members of Holy Martyrs of Vietnam Parish in order to receive first sacraments here. Unless in the case of extreme circumstances, when permission from the pastor of your home parish and the pastor of Holy Martyrs of Vietnam Parish is granted).*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year Hospital's Name, City, and/or State

Date of Baptism: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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

Address of Church: \_\_\_\_\_  
Street City State Zip

Certificate of Baptism: \_\_\_\_\_ Attached \_\_\_\_\_ Will Bring as Soon as Possible  
*(One has to be baptized prior to receiving Holy Communion. If you do not have a baptismal certificate for your child, please contact the church where your child was baptized and ask for a copy to be sent to you. If your child has not been baptized, please contact Father Peter Dinh Phuong Nguyen, O.P., Director of Religious Education as soon as possible to arrange for baptism).*

Where did your child complete Religious Education last year? \_\_\_\_\_

### FAMILY INFORMATION

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Family E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Guardian / Custodial Parent \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only:

Date Received: \_\_\_\_\_

Certificate Received: Baptism \_\_\_\_\_