



HOLY MARTYRS OF VIETNAM CATHOLIC CHURCH RELIGIOUS EDUCATION OFFICE

915 S Wakefield St • Arlington • Virginia 22204 • Fax: (703) 553-0371

<http://www.cttdva.com> • E-mail: vpgd@cttdva.com • Tel: (703) 982-7515

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 _____