

First Eucharist Candidate Form



It is our desire that our child be a candidate to receive his/her First Communion.

Family Name _____ Today's Date _____

Child's 1st Name _____ Middle Name _____

Child's Nickname _____ Child's Last Name (if different) _____

Date of Birth _____ Age _____

Place of Birth (City) _____ (State) _____ (Country) _____

Baptism Information

1. Date of Child's Baptism _____
2. Was your child baptized at Epiphany Cathedral, Venice, FL? (Yes or No) _____
(If answer is yes, you do not need to provide a copy of the Baptismal Certificate from Epiphany)
3. If answer to #2 was no, please answer the following questions and attach a copy of your child's Baptismal Certificate.
Child's Parish of Baptism: _____
Address of Baptism Parish: _____
City: _____ State: _____ Zip: _____
4. Was Child Privately Baptized? (Yes or No) _____ *If Yes, by Whom* _____
Location: _____

Was the Child Adopted? _____ Was Name Legally Changed? _____

Name of Parents/Guardians _____

Street Address: _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ May we text you? _____

Mom's Cell Phone: _____ Mom's Phone Carrier _____

Dad Cell _____ Dad's Phone Carrier _____

Mom E-mail _____ Dad E-mail _____

Birth Mother: First Name _____ Maiden Name _____

Birth Father: Full Name _____

Signature: _____

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Epiphany Cathedral • 310 Sarasota Street • Venice, FL 34285 • Phone (941)485-2325
• FAX (941)488-9333 • Faith Formation Dept. • Flynn@EpiphanyCathedral.org •
www.epiphanycathedral.org

Office use only: Baptism Book: Page # _____ Line # _____ Initial _____ Priest: _____