# Application for the Admission of a child to Holy Communion

**Please PRINT all information carefully and legibly. A copy of your baptismal certificate or other documentation of valid baptism must be attached to this application.**

|  |  |
| --- | --- |
| **Child’s Full Name:** |  |
| **Address:** |  |
| **Telephone / Home Email:** |  |
| **Place of Birth:** |  |
| **Date of Birth:** |  |
| **Date of Baptism:** |  |
| **Church of Baptism:** |  |
| **Place of Baptism:** |  |

**Signature of Adult Making this Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In making an application for your child to be admitted to Holy Communion, you consent to their involvement in the age-appropriate course of teaching that is required by all Candidates and provided by Ss Philip & James Parish Church and for their particulars to be entered into the Register of Those Admitted to Holy Communion.*