



CATHOLIC ARCHDIOCESE OF JOHANNESBURG
REGISTRATION FORM FOR FIRST HOLY COMMUNION

NAME OF THE PARISH: _____

DETAILS OF THE CHILD:

NAME AND SURNAME OF THE CHILD: _____

DID THE CHILD RECEIVE BAPTISM IN THE CATHOLIC CHURCH: YES ☐ NO ☐

DATE OF BIRTH: Year _____ Month _____ Date _____

IF NO AT WHICH CHURCH WAS THE CHILD BAPTISED: _____

IF YES AT WHICH PARISH:

DATE OF BAPTISM: Year _____ Month _____ Date _____

PHYSICAL ADDRESS: _____

PARENTS DETAILS

NAME AND SURNAME OF THE MOTHER: _____

NAME AND THE SURNAME OF THE FATHER: _____

PHYSICAL ADDRESS: _____

Contact Numbers: (H) _____ (Cell) _____ E-MAIL Address: _____

Do you Pledge? YES ☐ NO ☐

**** (IF NOT PLEASE SEE YOUR SECTION LEADER)**

NAME OF THE CATECHIST: _____

COMMENTS: _____

Parents Signature: _____ Date: ____/____/____

(PARENT) PLEASE PROVIDE THE FOLLOWING:

*** A COPY OF BAPTISM CERTIFICATE OF THE CANDIDATE AND**

***A COPY OF YOUR LATEST PLEDGE (KABELO CARD) AND ATTACH THEM AT THE
BACK OF THE APPLICATION FORM.**