



**DIOCESE OF MARBEL**  
SAGRADA FAMILIA PARISH



**Information Sheet for 1<sup>st</sup> Communicants**

Series no.: 0310 SANJOSE2022

<b>Surname</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Date of Birth</b>	<b>Place of Birth</b>			<b>Age</b>	<b>Sex</b>
<b>Date of Baptism</b>		<b>Place of Baptism</b>			
<b>Father's Surname</b>		<b>Father's First Name</b>		<b>Father's Middle Name</b>	
<b>Date of Birth</b>	<b>Place of Birth</b>			<b>Age</b>	
<b>Mother's Surname (maiden)</b>		<b>Mother's First Name</b>		<b>Mother's Middle Name</b>	
<b>Date of Birth</b>	<b>Place of Birth</b>			<b>Age</b>	
<b>Father's Occupation:</b>			<b>Mother's Occupation:</b>		
<b>Present Parent's Home Address</b>				<b>Contact Number</b>	
Were you baptized as a Catholic?				Yes { }	No { }
Are you forced by anyone to have your first communion against your will?				Yes { }	No { }
If you were baptized as non-Catholic, kindly specify the denomination:					
Are your parents agreeable that you receive your first holy communion?		Yes { }	No { }	Do you know the basic prayers?	
				Yes { }	No { }
<b>Name of the GKK</b>		<b>GKK Address</b>			
Are the parents residents of the GKK?				Yes { }	No { }
Were GKK support given to them?				Yes { }	No { }
What GKK assistance were rendered to them:					
{ } Bible Service Apostolate		{ } Counselling/encouragement		{ } Others _____	
{ } Bible Apostolate (KRISKA)		{ } Social Action Advocacy			
{ } Catechism		{ } GKK Tree Planting			
GKK Program you intend to be actively involved:					
{ } Bible Service		{ } Music Ministry/Choir		{ } Others _____	
{ } KRISKA Session		{ } Social Action			
{ } GKK Catechist		{ } GKK Tree Planting			
Person to be contacted in case of emergency in the GKK:					
Name:				Relation:	
Address:				Contact no.:	

*I, the undersigned certify that the given data above are accurate.*

\_\_\_\_\_  
First Communicant's Signature over Printed Name

Consented by:

\_\_\_\_\_  
Father's Signature over Printed Name

\_\_\_\_\_  
Mother's Signature over Printed Name

Recommended by:

\_\_\_\_\_  
GKK Officer's Signature over Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_