

**ST. PETER THE APOSTLE  
WOOLWICH**

**APPLICATION FORM FOR  
FIRST HOLY COMMUNION PROGRAMME**

**PLEASE WRITE IN BLOCK CAPITALS**

**CHILD'S SURNAME** \_\_\_\_\_

**CHILD'S CHRISTIAN NAMES** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_ **YEARS**

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

**FATHER'S RELIGION** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

**MOTHER'S RELIGION** \_\_\_\_\_

**GUARDIAN'S NAME** \_\_\_\_\_

**GUARDIAN'S RELIGION** \_\_\_\_\_

**DATE OF BAPTISM** \_\_\_\_\_

**NAME OF CHURCH** \_\_\_\_\_

**ADDRESS OF CHURCH** \_\_\_\_\_

\_\_\_\_\_

**NAME AND ADDRESS OF SCHOOL** \_\_\_\_\_

\_\_\_\_\_