

**St. Christina Parish  
Communion Information Form**

**A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE MUST BE ATTACHED  
TO THIS FORM.**

In accordance with the Archdiocese of Chicago, it is **required** that the information requested below is verified and recorded prior to Reception of the Sacrament. All areas of this form must be completed in full. Please print clearly.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (Middle) (First)

City of Birth \_\_\_\_\_ M/F Country \_\_\_\_\_

**BAPTISMAL INFORMATION**

Please provide a copy of the Baptismal Certificate with this completed form.

Child's Name on Baptismal Cert. \_\_\_\_\_

Date of Baptism: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ City of Birth: \_\_\_\_\_

Church of Baptism \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother first name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE completed this entire form. Attach a copy of your child's Baptismal Certificate This form must be returned on **December 1, 2024**. St. Christina students, turn this into your teacher. Religious Education students, turn this into your RE teacher or the rectory. Thank you.