

**ST.BENEDICT'S CATHOLIC CHURCH
CLYDACH-SWANSEA, SA6 5NS**

APPLICATION FORM FOR THE FIRST HOLY COMMUNION -2024-25

NAME OF THE CHILD:

DATE OF BIRTH:

ADDRESS:

TELEPHONE NUMBER:

DATE OF BAPTISM:

CHURCH OF BAPTISM:

FATHER'S NAME:

CATHOLIC / NON CATHOLIC

MOTHER'S NAME:

CATHOLIC / NON CATHOLIC

CONTACT PERSON DURING THE PERIOD OF PREPARATION:

ADDRESS:

TELEPHONE NUMBER:

SIGNATURE OF PARENTS OR GUARDIAN:.....

(please return the completed application form to School or to Fr. Saji)