

EVIDENCE OF FIRST HOLY COMMUNION

This is to certify that (child's name in full)

D.O.B. of (address in full)

.....
made her First Holy Communion on (date)

at (name and address of parish)

You must complete either Part 1 or 2

1. * I enclose a copy of her Remembrance of First Holy Communion

tick

or

2. *Signature of Parish Priest of Parish of Holy Communion

Parish Stamp of Parish of Holy Communion

Date

**This form should be returned directly to St. Michael's Catholic Grammar School,
Nether Street, London N12 7NJ**

*Please delete as necessary