



Our Lady of the Mountain Catholic Church

987 Hillview Drive

Ashland, OR 97520-3521

(541) 482-1146 Fax: (541) 488-5174 Email: olmop@mind.net

INFORMATION NEEDED FOR FIRST COMMUNION REGISTER

Baptismal and Family Name

(Child's Full Name): _____

Place of Birth (city, state): _____

Date of Birth: _____

Age: _____

Place of Baptism (church, city and state, address if possible):

Date of Baptism: _____

Verification (copy) of Baptismal Certificate: Yes ___/ No ___

Residence (city/state): _____

Name of Parents,

(including mother's maiden name): _____

Date of First Communion: _____

Telephone: _____