



**The Church of Saint John Bosco**  
**Faith Formation**  
P.O. Box 919  
Conyngham, PA 18219-0919  
Telephone (570) 788-1997  
Fax (570) 788-6667

**First Eucharist Information Form**

Name of Child \_\_\_\_\_

Age as of 5-6-17: \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email \_\_\_\_\_

Birth Place (City and State) \_\_\_\_\_

\*\*Church Baptized \_\_\_\_\_

Place (City and State) \_\_\_\_\_

Date of Baptism (MM/DD/YYYY) \_\_\_\_\_

Parent(s) Name(s):

Father \_\_\_\_\_

Mother: (including maiden name) \_\_\_\_\_

What church are you and your family formally registered?

St. John Bosco \_\_\_\_\_

Other: \_\_\_\_\_ Name of Parish/Location \_\_\_\_\_

\* If the candidate was NOT baptized at Saint John Bosco we will need a baptismal certificate from where the candidate was baptized (photo copies are acceptable). We ask that you send this in as soon as possible.

*Please contact Carla Bednar, Director of Children's Faith Formation with any questions: 570-788-1997, ext. 6*

