



Saint Ann Catholic Church
17111 Route 1
S. Chesterfield, VA 23834
(804) 526-2548

St. Ann 1st Eucharist and 1st Reconciliation Information Form

Note: Please list everything as you would want it for the Official Records & Certificates.

Scheduled Mass Date: _____ Mass Time: _____ Materials Fee (\$35) _____

Child's Full Name _____

Date of Birth _____ Birthplace (City, State) _____

Parent's Current Address: _____

Email: _____ Phone _____

Father's Full Name _____

Mother's Full Name _____ Maiden Name _____

Church of Baptism _____ **Date of Baptism** _____

Church of Baptism Address _____

Are you registered at St. Ann Parish? ___ Yes ___ No

For Office Use Only:

Baptism Certificate _____ Notes: _____

Sacramental Record

Date of Sacrament: _____ Location _____
Celebrant _____

Recorded: St. Ann book _____ Data Base _____ by _____ Notification to church of Baptism Sent: _____