

Trinity Evangelical Lutheran Church – ELCA  
**FIRST COMMUNION REGISTRATION FORM 2019**

**Name:** \_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
Date of Birth Place of Birth (town)

\_\_\_\_\_  
Date of Baptism Place of Baptism (church)

\_\_\_\_\_  
Name of Officiating Pastor City and State of Baptism

\_\_\_\_\_  
Name of Baptismal Sponsor Name of Baptismal Sponsor

**Family Information:**

\_\_\_\_\_  
Name of mother Name of father

\_\_\_\_\_  
Name of guardian (if applicable) Name of guardian (if applicable)

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number (s)** **Phone Number (s)**

\_\_\_\_\_  
**Email Address** **Email Address**

**Date of First Communion 2019** (please check one)

\_\_\_\_ Saturday, May 18 – 5:00 p.m. service

\_\_\_\_ Sunday, May 19 – 7:45 a.m. service

\_\_\_\_ Sunday, May 19 – 9:00 a.m. service

\_\_\_\_ Sunday, May 19 – 10:30 a.m. service

Approximate number of guests attending the service \_\_\_\_\_

**Please bring or mail your form to  
the church: PO Box 1056, Rocky  
Point, NY 11778**

*Please note: each First Communicant will be receiving a boutonniere and a certificate of First Communion.*