



**DIOCESE OF EAST ANGLIA
OUR LADY OF LOURDES & ST. JOHN FISHER PARISH**

FIRST HOLY COMMUNION FORM

FULL NAME: _____

DATE & PLACE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

_____ POST CODE: _____

TELEPHONE: _____ MOBILE: _____

E-mail ADDRESS: _____

DATE & PLACE OF BAPTISM: _____

(Please supply a copy of the Baptism certificate with this form)

By ticking this box and signing below I agree to the Diocese of East Anglia using the information I have provided on this application solely for the purposes of processing this application and for any other sacramental matters which may arise in the future. I understand that this information will be held indefinitely by the Diocese of East Anglia in secure storage strictly in accordance with the provisions of the EU General Data Protection Regulations (GDPR) 2016/679, as to collection, handling, secure storage, use, retention and disposal of this data.

Signed by parents..... Dated