I/We request to have m	ıy/our daug	hter			
Class	_admitted	to Holy Communion on We	ednesday 2 May	<i>y</i> 2018.	
Parents' Names:					
Best Contact Phone Number:					
Best email address:					
		(Pleas ick bricheerap	р	liest pù	
Date of baptism:		Place of baptism:			
Attached?	Yes	No			
	<u> </u>				
Child's Full Name:					
Date of Birth:					
Residential Address:					
Godparents' Names:					
Signed			Date		

Please return this form by Wednesday 28 March2018.