## **Holy Family Catholic Church**

Marlowe Avenue, Park North, Swindon SN3 2PT

Tel: 01793 297 256

Email: swindon.holyfamily@cliftondiocese.com

## **Application Form for the First Holy Communion Programme 2026**

(Please write clearly in BLOCK CAPITAL LETTERS)

A.	Child's Details								
	A.	Surname							
		First Name (s)							
	B. Date of Birth								
	This	programme is ope	n only to child	dren who are n	ot less than 8 years	of age.			
	Date	e of Baptism							
	Church/Place of Baptism)								
	(If you do not know – don't worry. Everyone is asked to bring the certificate of Baptism from the church wher your child was baptised. If your child is not baptised at all or was not baptised in the Catholic Church, pleas inform Fr. Nnam Di Obi )								
	Name of Child's Present School								
В.	(If ar	Yes	/ No ase attach wr	-	al needs (learning/	·	we need to be aware oropriate provision)	of?	
	Mot	her's Name				Religion			
	Fath	ner's Name				Religion			
	Hom	ne Address							
	Post	Code							
	Hon Pho	ne / Mobile ne							
	Ema	il Address							
C.		Mass Attendance							
	Which Sunday Mass in this parish do you usually attend								
a)	That	<b>To comply with data protection legislation we also need your agreement:</b> That the information provided on this forms may be retained by the parish of Holy Family, Swindon incorporated into an electronic file;							
b)		That these details may be made available by the parish of Holy Family, Swindon, at its discretion, to any person or body assisting with the First Holy Communion programme.							
I, the u	ınders	signed, being the	parent / ca	rer of			wou	ıld	
		r to make his/ho ly Family, Swind	-		_	his informatio	n being retained by t	he	
Signature				Date					

Note: Please enclose a copy of Baptism Certificate (Essential if your child was baptised outside of this Parish)