

# FIRST COMMUNION DATE MODIFICATION REQUEST

*Please submit entire form.*

*Bottom portion will be returned to you as confirmation of your request.*

My son/daughter \_\_\_\_\_ in Room \_\_\_\_\_

is scheduled to make his/her First Holy Communion on

\_\_\_\_\_ at \_\_\_\_ : \_\_\_\_ AM/PM.

I request that the date for my child's First Holy Communion be rescheduled to

\_\_\_\_\_ at \_\_\_\_ : \_\_\_\_ AM/PM.

Parent Name: \_\_\_\_\_

PLEASE PRINT CLEARLY

Parent Signature: \_\_\_\_\_

All requests for date and time changes for First Holy Communion must be submitted  
between **October 13, 2018 and March 2, 2019.**

***NO REQUESTS WILL BE ACCEPTED AFTER MARCH 2, 2019.***

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OFFICE USE ONLY

Your son/daughter \_\_\_\_\_

will make his/her First Holy Communion on

\_\_\_\_\_ at \_\_\_\_ : \_\_\_\_ AM/PM.