

REGISTRATION FOR FIRST COMMUNION AND RECONCILIATION

For children who were baptized as Catholics

1. Name of candidate: _____
Last Name First Name Middle Name

2. Date of Birth: Day: _____ Month: _____ Year: _____ In City/Province: _____

3. Father of Candidate: _____
Last Name First Name

4. Mother of Candidate _____
Maiden Name First Name

5. Name of School: _____ Home-Room Teacher: _____
(If the candidate is not in a Catholic School, please make an appointment for religious instruction)

4. Contact Information of Parent or Guardian:

Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City/Township: _____ Province _____ Postal Code _____

Email _____

5. **Baptism:** Proof of Baptism must be supplied with this registration form. (Complete A or B):

A. If baptized at this Parish, please provide date of Baptism. _____

B. If baptized at another Parish, please attach a Baptismal Certificate.

6. Declaration and Signature of Parent or Guardian

I certify that I am the legal custodian of the candidate and that I will support my child in the preparation for the reception of First Communion.

Signature: _____ Name (Print) _____

Please return to the Parish with baptismal information or certificate.