



FIRST HOLY COMMUNION REGISTRATION FORM

Please complete this form and return it to the parish
(PLEASE PRINT)

****REGISTRATION CLOSSES FEBRUARY 15TH, 2021****

School Information

Name of School: _____ Teacher's Name: _____

Child's Information

Full legal name of child:

First Name

Middle Name(s)

Last Name

Male Female Date of Birth: _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____

_____ Please attached a copy of Baptism Certificate

Parent's Information

Mother (Full legal name & Maiden Name):

First Name

Middle Name(s)

Last Name

(Maiden Name)

Religion: Roman Catholic Other: _____ None

Present Address: _____

Street

City

Postal Code

Phone: _____ Email: _____

I am a parent of, or have legal custody of the child. (If you have legal custody, we need copies of documents.)

Father (Full legal name):

First Name

Middle Name(s)

Last Name

Religion: Roman Catholic Other: _____ None

Present Address: Same as mother's

Street

City

Postal Code

Phone: _____ Email: _____

I am a parent of, or have legal custody of the child. (If you have legal custody, we need copies of documents.)

Declaration

I, the undersigned, declare that the information on this form is true and accurate

Name (Please Print): _____

Signature: _____ Date: _____