



## FIRST HOLY COMMUNION REGISTRATION FORM

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

### 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: \_\_\_\_\_