

**2019 SACRAMENT OF FIRST COMMUNION
REGISTRATION FORM**

Child's Information:

Last Name: _____ First Name: _____

Date of Birth: Day _____ Month _____ Year _____

School: _____ Grade: _____

Parents' Information:

Father's Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Mother's Maiden Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Child's Baptismal Information: IMPORTANT- Please complete and print clearly.

Date of Baptism: Day _____ Month _____ Year _____

Name of Church where child was baptized: _____

Church address: _____

City _____ Province _____ Postal Code _____

Country _____

A **photocopy** of the child's **BAPTISMAL CERTIFICATE** must be attached to this form and handed in at the

**Parent meeting which will take place on Monday,
November 19th at 7 pm - St. Bernard's Church.**