



First Holy Communion Registration Form

Please complete this form and return the hardcopy to the parish

Copy of Baptismal Certificate

Donation

Group: A B

Parish Information

Name of Parish: _____	City: _____
<input type="checkbox"/> I currently live within the territorial boundaries of the parish.	
<input type="checkbox"/> I currently do not live within the territorial boundaries of the parish, but I am formally registered at the parish.	

Child's Information

Full legal name of child:			
_____	_____	_____	_____
First Name	Middle Name(s)	Last Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	City of Birth: _____	
Church of Baptism: _____		Date of Baptism: _____	
Address of Baptismal Church: _____			
Name of the School: _____			

Parent's Information

Mother (Full legal name & Maiden Name)			
_____	_____	_____	_____
First Name	Middle Name(s)	Last Name	(Maiden Name)
Religion: <input type="checkbox"/> Roman Catholic	Other: _____	<input type="checkbox"/> None	
Present Address: _____			
_____	_____	_____	_____
Street	City	Postal Code	
Phone: _____	Email: _____		
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			
Father (Full legal name)			
_____	_____	_____	_____
First Name	Middle Name(s)	Last Name	
Religion: <input type="checkbox"/> Roman Catholic	Other: _____	<input type="checkbox"/> None	
Present Address: <input type="checkbox"/> Same as mother's			
_____	_____	_____	_____
Street	City	Postal Code	
Phone: _____	Email: _____		
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			

Declaration

I, the undersigned, declare that the information on this form is true and accurate.	
Name (PLEASE PRINT): _____	
Signature: _____	Date: _____