



**FIRST CONFESSION & FIRST COMMUNION  
INITIAL REGISTRATION FORM ~ 2025  
To be completed for Roman Catholic Students ONLY**



DIOCESE OF THUNDER BAY

Dear Reverend Father: Our child is a baptized Roman Catholic pupil. We wish to register him/her for First Confession and First Communion, which will be celebrated this year **in the Parish where our family attends Mass and which we have designated on this form.**

Signature of Parents or Guardian: \_\_\_\_\_

>>> **PLEASE RETURN THIS COMPLETED FORM TO YOUR PARISH PRIEST / CHURCH OFFICE** <<<<  
( PLEASE PRINT )

CHILD'S NAME: \_\_\_\_\_  
(Last) (First)

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PARENT'S E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PARISH WHERE OUR FAMILY ATTENDS MASS: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_ AND PLACE: \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_

CHILD'S GRADE: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

NAME OF CHURCH OF CHILD'S BAPTISM: \_\_\_\_\_

ADDRESS OF CHURCH OF BAPTISM: \_\_\_\_\_

**(Please attach a copy of your child's Baptismal Certificate ONLY if he/she was  
NOT baptized in the Church in which he/she wishes to receive First Communion)**

**(If needed, call the Church of Baptism for a new copy of the certificate).**

**\*\*\* If your child was never baptized, please call the Pastor of your Parish \*\*\***

FATHER'S NAME: \_\_\_\_\_

MOTHER'S FIRST & MAIDEN NAME: \_\_\_\_\_

(NAME OF GUARDIAN): \_\_\_\_\_

**Please return the completed form to your PARISH PRIEST / CHURCH OFFICE before Nov. 30, 2024**