



We wish to register him/her for First Confession and First Holy Communion which will be celebrated this year in the Parish where our family attends Mass and which we have designated further down on this form.

Signature of Parents and/ or Guardian

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL TEACHER

(Please print)

CHILD'S NAME : _____
(Last) (First)

ADDRESS : _____ POSTAL CODE : _____

E-MAIL ADDRESS : _____ TELEPHONE : _____

PARISH WHERE OUR FAMILY ATTENDS MASS : _____

CHILD'S DATE OF BIRTH : _____ 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 baptised 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): _____