

FIRST COMMUNION REGISTRATION FORM

St. Patrick's Parish
London, Ontario

Please print clearly

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

FULL ADDRESS _____
(Postal code)

PHONE # _____ E-MAIL _____

FATHER'S NAME: _____ RELIGION _____
(First) (Last)

MOTHER'S NAME: _____ RELIGION _____
(First) (Maiden Name)

CHILD'S DATE OF BIRTH: _____
month day year

PLACE OF BIRTH: (City & Country) _____

CHILD'S DATE OF BAPTISM: _____
month day year

NAME OF THE CHURCH OF BAPTISM: _____

PLACE OF BAPTISM: (City & Country) _____

SCHOOL ATTENDING _____ GRADE _____

CHURCH YOU (WE) PRESENTLY ATTEND _____

REGISTERED AT ST. PATRICK'S _____ YES _____ NO

Signature of Parent _____

Note: Please attach a copy of the Baptismal Certificate even if baptized at St. Patrick's

✕ Registration Fee \$50.00 (includes gowns, books & snacks)