

FIRST EUCHARIST REGISTRATION

Please Print Clearly

Child's Full Legal Name: _____

Male _____ Female _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Name of Church of Baptism: _____

Address of Church of Baptism: _____

Father:

Name _____ Surname: _____

Religion _____ Lives with child: Yes _____ No _____

Mother:

Name _____ Maiden Name: _____

Religion _____ Lives with child: Yes _____ No _____

Address: _____

City/Town: _____ Postal Code _____

Phone: _____ email _____

We attend Mass at St. Mary's Yes _____ No _____.

We are registered with the Parish. Yes _____ No _____

Signature of registering parent

Date

***A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE
MUST ACCOMPANY THIS REGISTRATION***

Office Use Only: Registration fee received: cash _____ cheque _____
Baptismal Certificate attached _____ workbook given to parent _____

PF accurate _____ PF _____ Excel _____ Notice to Church of Baptism _____