

## First Reconciliation and First Holy Communion Please complete this form and return it to the parish



(PLEASE PRINT CLEARLY)

## **Parish Information**

Parish: St. Clement Parish City: Etobicoke

I currently live within the territorial boundaries of the parish

I currently do not live within the territorial boundaries of the parish

I am a registered parishioner of St. Clement Parish

## Child's Information

Full legal name of child:			
First Name Male Female Date	Middle Name(s) e of Birth: (mm/dd/yyyy)	Last Na City of Birth:	
Church of Baptism:		Date of Baptism:	dd/yyyy)
Address of Baptismal Church:		(mm/c	dd/yyyy)
Street Number and Name		City	Postal Code
Please attach a copy o	f your child's baptismal cer	tificate even if baptized at	St. Clement Parish
arent's Information			
Mother (Full legal name & Maide			
First Name	Middle Name(s)	Last Name	Maiden Name
Religion: Roman Catholic	Other:		None
Present Address:			
Suite/Apt # Street Number and Nam Phone:		City	Postal Code
Father (Full legal name):			
First Name	Middle Name(s)	Last Name	
	Other:		None
Present Address:   Same as mo	ther's or		
Suite/Apt # Street Number and Name	2	City	Postal Code
Phone:	Email:		

## Current School: Teacher: Teacher: Grade: Declaration I, the undersigned, declare that the information on this form is true and accurate. I am aware that the Parish First Reconciliation and First Communion Program requires an involvement of the Parent(s) and regular attendance at Sunday Mass.

Name (please print):

Signature:

Office use only	Notes
Office use only Attended registration meeting:	Notes
Baptismal Certificate received:	
Registration Fee received:	
First Reconciliation received:	
First Communion received:	
Entered into Parish Register:	

Date: \_\_\_\_\_\_