

Registration for 1st Communion

Family Name: _____

Child's Name: _____
(First) (Surname)

Parent's Names:
M. _____
(Maiden Name)
F. _____

Address: _____

Telephone #.: 613 - _____ - _____

2nd Address Name _____
(If parents have _____
different addresses.) _____

Telephone #.: 613 - _____ - _____

Name of the School your child attends: _____

Proof of Baptism

Name of the Church that your child was baptized in:

If the Church is one other than Our Lady of Lourdes please provide a photocopy of the certificate.

Thank you. Please return this form to Our Lady of Lourdes Parish Office.