

Registration for 1st Communion

Family Name: _____

Child's Name: _____

(First)

(Surname)

Parent's Names:

Mother _____

(Maiden Name)

Father _____

Address: _____

City/Province

Postal Code

Telephone #.: Home: 613 - _____ - _____

Cell: _____ - _____ - _____

E-mail: _____ @ _____ . _____

2nd Address

(If parents have
different addresses.)

Name _____

City/Province

Postal Code

Telephone #: Home: 613 - _____ - _____

Cell: _____ - _____ - _____

E-mail: _____ @ _____ . _____

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.