

**FIRST RECONCILIATION / FIRST COMMUNION
REGISTRATION FORM**

OUR LADY OF THE ASSUMPTION PARISH

2565 Bathurst Street, Toronto Ontario M6B 2Z3
Tel.# 416-787-4547 Fax #416-787-4548

NAME OF CHILD: _____
(Last Name) (First Name)

DATE OF BIRTH: _____

DATE OF BAPTISM (*attach Baptismal Certificate*): _____

CHURCH OF BAPTISM: _____

ADDRESS: _____

NAME OF FATHER _____
(Last Name) (First Name)

MAIDEN NAME OF MOTHER: _____
(Last Name) (First Name)

ADDRESS: _____

PHONE NUMBERS:(Home) _____ (Cell) _____

E-MAIL ADDRESS: _____

MY CHILD ATTEND SCHOOL AT: _____

ADDRESS: _____

PARISH INFORMATION

YOUR PRESENT PARISH CHURCH: _____

ADDRESS: _____

- I currently live within the territorial boundaries of the parish
- I have my parish permission for my child to receive the Sacrament at this parish
- I currently **do not** live within the territorial boundaries of the parish, but I am registered at the parish

DECLARATION

I, the undersigned, declare that the information on this form is true and accurate.

Name of Parent (PLEASE PRINT): _____

Signature: _____

Date: _____