

FIRST COMMUNION REGISTRATION FORM

Queen of Peace

566 Rosedale, Sarnia Ontario

519-337-7943

gofpeace@dol.ca

Please print clearly

CHILD'S FULL NAME _____
First Last

FULL ADDRESS _____

PHONE # _____ **E-MAIL** _____

FATHER'S NAME _____ **RELIGION** _____
First Last

MOTHER'S NAME _____ **RELIGION** _____
First Last

CHILD'S DATE OF BIRTH: _____
month day year

PLACE OF BIRTH (City & Country): _____

CANDIDATE'S DATE OF BAPTISM: _____
month day year

NAME OF THE CHURCH OF BAPTISM: _____

PLACE OF BAPTISM (City & Country) _____

SCHOOL ATTENDING _____ **GRADE** _____

CHURCH YOU (WE) PRESENTLY ATTEND _____

REGISTERED AT QUEEN OF PEACE _____ **YES** _____ **NO**

Signature of Parent _____

Please attach a copy of the Baptismal Certificate.