

REGISTRATION DATE: _____

EPIPHANY OF OUR LORD PARISH
3200 Pharmacy Ave., Scarborough, ON M1W 3J5 Ph: 416-499-2196
First Holy Communion Registration Form



Parish Information

Name of Parish: _____ City: _____

☐ I currently live within the territorial boundaries of the parish.

☐ I currently **do not** live within the boundaries of the parish, but I am formally registered at the parish.

Child's Information

Full legal name of child as it appears on the official birth certificate:

Last Name

First Name

Middle Name(s) Name

☐ Male ☐ Female Date of Birth: _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____

Name of School: _____ Grade: _____ Age: _____

PLEASE ATTACH A COPY OF THE BAPTISM CERTIFICATE OF THE CHILD.

Parent's Information (Envelope No.: _____)

Mother (Full Legal Name & Maiden Name):

First Name

Middle Name(s)

Last Name

Religion: ☐ Roman Catholic Other: _____ ☐ None

Present Address: _____

Phone: _____ Email: _____

☐ I am a parent of, or have legal custody of the child.

Father (Full Legal Name):

First Name

Middle Name(s)

Last Name

Religion: ☐ Roman Catholic Other: _____ ☐ None

Present Address: ☐ Same as mother's

Phone: _____ Email: _____

☐ I am a parent of, or have legal custody of the child.

Declaration

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

Name (PLEASE PRINT): _____

Signature: _____ Date: _____