



# St. Francis Xavier Roman Catholic Parish First Reconciliation & First Communion Registration Form

PLEASE PRINT CLEARLY

**A COPY OF THE BAPTISMAL CERTIFICATE MUST BE INCLUDED TO COMPLETE THE REGISTRATION**

### CHILD INFORMATION

\_\_\_\_\_  Male  Female  
 Last Name Child's Given Name(s)  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (Town/City, Province, Country)  
 Date of Birth (MM/DD/YYYY)  
 \_\_\_\_\_  
 Age Grade School Attending

### BAPTISMAL INFORMATION

Date of Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Parish of Baptism: \_\_\_\_\_  
 Parish Address: (Town/City, Province, Country) \_\_\_\_\_

### PARENT INFORMATION

Child lives with:  Both Parents  Father  Mother

#### FATHER

\_\_\_\_\_  
 Last Name First Name  
 Religion:  Roman Catholic  Other \_\_\_\_\_

#### MOTHER

\_\_\_\_\_  
 Last Name (Maiden Name) First Name  
 Religion:  Roman Catholic  Other \_\_\_\_\_

### CONTACT INFORMATION

Home Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address (PLEASE PRINT CLEARLY): \_\_\_\_\_  
**Email Address is REQUIRED! Will be used for communication re: schedules, session changes, etc.**  
 Is your family registered with St. Francis Xavier Parish?  Yes  No

**I COMMIT TO PREPARING MY CHILD FOR HIS/HER FIRST RECONCILIATION AND FIRST COMMUNION.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### PARISH OFFICE USE ONLY

Baptismal Certificate:  Copy Attached  Will bring in Date Received: \_\_\_\_\_  
 Registration Fee:  Cash  Cheque # \_\_\_\_\_  Debit Date Received: \_\_\_\_\_  
 Student Materials Picked Up: Date: \_\_\_\_\_