

**REGISTRATION FORM**  
**Canadian Martyrs Parish**  
**FIRST COMMUNION 2019**

This First Communion program is generally for children in Grades 2 and up  
 who have been baptized Catholic/made a Profession of Faith

**Child's Personal Information**

Child's Last Name:	First Name:	Middle Name:
Address (Street):		
City:	Province:	Postal Code:
Home Phone:	Cell Phone / emergency phone #:	Mom's Work #:
E-mail Address:		Dad's Work #:
Place and Date of Birth (Day/Month/Year):		
Age at time of Registration:	Grade:	
School child attends:		
Name of Your Parish:		
Father's Last Name:	First Name:	Middle Name:
Mother's Maiden Name:	First Name:	Middle Name:
Marital status: Married / Separated / Divorced / Common-law / Single / Widowed		

**Child's Baptismal Information**

Baptized Catholic or Profession of Faith <input type="checkbox"/>  Date of Baptism/Profession of Faith:  _____ <small>Day      Month      Year</small>  Certificate Attached <input type="checkbox"/>	Name of church where Baptism/Profession of Faith took place:  Address  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">Province/State</td> <td style="width: 33%; border: none;">Country</td> </tr> <tr> <td style="border: 1px solid black; height: 40px;"></td> <td style="border: 1px solid black; height: 40px;"></td> <td style="border: 1px solid black; height: 40px;"></td> </tr> </table>			City	Province/State	Country			
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**Other Sacramental Information**

Received 1 <sup>st</sup> Reconciliation <input type="checkbox"/>	Place & Year of Reception
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Does your child have any special needs of which we need to be aware to more fully include, provide for the safety of and/or adapt the sacramental program to your child? No  Yes  If yes, please explain:

Date of Registration \_\_\_\_\_ Registration Fee  \$30 (Fee must be submitted with registration form) \$60 for non parishioners