



# First Holy Communion Registration Form

Please complete this form and return it to the school or parish  
(PLEASE PRINT)

**St Martin of Tours**  
166 West St, Smithville, ON  
L0R 2A0  
(289) 956-0221  
st.martins@cogeco.ca

## Parish Information

Name of Parish: \_\_\_\_\_ City: \_\_\_\_\_

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

## Child's Information **A copy of child's baptism certificate MUST be attached to this form.**

Full legal name of child: \_\_\_\_\_  
First Name Middle Name(s) Last Name

Teacher's Name: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address of Baptismal Church: \_\_\_\_\_  
\_\_\_\_\_

## Parent's Information

### Mother (Full legal name & Maiden Name):

\_\_\_\_\_ First Name Middle Name(s) Last Name (Maiden Name)

Religion:  Roman Catholic Other: \_\_\_\_\_  None

Present Address: \_\_\_\_\_  
Street City Postal Code

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  
\_\_\_\_\_ Street City Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Declaration

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

Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_