The Church of St. Peter the Apostle

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INFORMATION FORM FOR FIRST RECONCILIATION & FIRST COMMUNION

(PLEASE PRINT)

CHILD'S FULL NAME _____

Address _____

_____

Postal Code _____ **Phone Number** _____

Date of Birth _____

School _____

Date of Child's Baptism _____

Church & Address of Child's Baptism _____

_____

Copy of Baptism Certificate has been provided. **Yes** ☐ **No** ☐

MOTHER'S FULL NAME _____ **Religion** _____

Maiden Name _____

Address (if different from child's) _____

_____ **Postal Code** _____

Cell _____

Email Address _____

FATHER'S FULL NAME _____ **Religion** _____

Address (if different from child's) _____

_____ **Postal Code** _____

Cell _____

Email Address _____

Date/Place Married _____

Parish Currently Registered With _____

If you are not registered with a Parish please fill in a Parish Registration Form.
Check off if completed. **Yes** ☐ **No** ☐

PLEASE NOTE: **If your child was not baptized at St. Peter's, a copy of their Baptism Certificate is required.**

NOTE: **There is a $35 registration fee to cover the cost of the books used for this program.**
(Please make cheques payable to "St. Peter's Church**" or e-Transfer to email: office@stpetertheapostle.ca)**