

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)