Grow Your Faith With Us

First Holy Communion Registration Form

Please complete this form and return it to **St. Pius X Parish**

(PLEASE PRINT)

Parish Information

Parish where registered: _____ City: _____

☐ I currently live within the territorial boundaries of St. Pius X Parish. (Leave blank if unsure.)
☐ I currently **do not** live within the territorial boundaries of St. Pius X Parish. (Leave blank if unsure.)
☐ I am not registered at any parish in the Archdiocese of Toronto.

Child Information

Name (full legal name)

_____
First Name Middle Name(s) Last Name

☐ Male ☐ Female Date of Birth: Ex: January X, XXXX _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____
Street City Postal Code

Requirement for Receipt of First Holy Communion

If your child has not been baptized, please contact the parish office at office@saintpiusx.ca. The Pastor will arrange for a Baptism prior to the First Reconciliation and First Holy Communion ceremonies.

Parent 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 ☐ Or:

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: _____