



First Holy Communion Registration Form

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

Parish Information

Name of Parish:		City:	
<input type="checkbox"/> I currently live within the territorial boundaries of the parish.			
<input type="checkbox"/> I currently do not live within the territorial boundaries of the parish, but I am formally registered at the parish.			

Child's Information

Full legal name of child:		
First Name	Middle Name(s)	Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	City of Birth:
Church of Baptism:		Date of Baptism:
Address of Baptismal Church:		

Parent's Information

<u>Mother (Full legal name & Maiden Name):</u>			
First Name	Middle Name(s)	Last Name	(Maiden Name)
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other: _____			<input type="checkbox"/> None
Present Address:			
Street		City	Postal Code
Phone:		Email:	
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			

<u>Father (Full legal name):</u>			
First Name	Middle Name(s)	Last Name	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other: _____			<input type="checkbox"/> None
Present Address: <input type="checkbox"/> Same as mother's			
Street		City	Postal Code



St. Joan of Arc Parish

1701 Bloor St W, Toronto, ON M6P 1B1 | Tel: (416) 762-1026

*First
Communion
Form*

Phone:

Email:

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

Parish Fee

A parish fee of **\$100.00** is required at the time of registration. Payment may be made by cash, cheque (payable to St. Joan of Arc Parish), or debit/credit at the parish office.

Payment received: Cash Cheque Debit / Credit Amount: \$ _____ Date: _____

Declaration

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

Name - _____ Date - _____ Signature - _____