



REGISTRATION FORM **First Holy Reconciliation & First Holy Communion**

Candidate's Full (Legal) Name

First Name/Middle Name

Last Name

Date of Birth

Year

Month

Day

Date of Baptism

Year

Month

Day

Church of Baptism Full Name, Address, Province, Country, Postal Code

* A copy of the candidate's Baptismal Certificate with the correct mailing address is required. If the certificate is not in English, please provide a translation of the date of baptism, name and address of the church.

Father's First Name

Last Name

Mother's First Name

Last Name (Before Marriage)

Address of Residence (Street, City, Province, Country, Postal Code)

Contact Phone (s)

Email(s)

School Attending

Teacher's Name

Parish if you attend other than Blessed Sacrament

By signing this form, I confirm that the information on this form above is accurate.

Parent's Signature

Date

Year

Month

Day

OFFICE NOTES BELOW ONLY:

Baptism Certificate

BSK Reg# _____