
SAINT DOMINIC PARISH
2415 Rebecca Street, Oakville, ON, L6L 2B1
TELEPHONE: (905) 827-2373 FAX: (905) 827-6055

FIRST COMMUNION REGISTRATION

Child's Name:

Please print full name

Date of Birth:

Place of Birth:

Date of Baptism:

Place of Baptism:

Complete name and address of church

Father (1st name and family name): _____ Religion: _____

Mother (1st name and maiden name): _____ Religion: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email: _____

Child's School: _____ Teacher: _____

Sunday Mass you usually attend:

Saturday 5:00 p.m. Sunday 9:00 a.m. Sunday 11:00 a.m.

I wish to present my child for First Communion during the coming year and promise to participate fully in the preparation program with my child for this holy sacrament.

Signature of Parent:
