SAINT DOMINIC PARISH

2415 Rebecca Street, Oakville, Ontario L6L 2B1 (905) 827-2373 Fax (905) 827-6055

Registration for First Communion

Name of Child:					
	First Name	Middle Name	Sui	Surname	
Date of Birth		Place of Birth			
Child's School:		Teache	r:		
BAPTISMAL INF	<u>ORMATION</u>				
Date of Baptism		Place of Baptism			
Address of Church				Postal Code	
FAMILY INFORM	<u>MATION</u>				
			Religion:		
Father's Name		Surname			
			Religion:		
Mother's Name		Maiden Name			
Address				Postal Code	
Геlephone:		Email:			
I wish to present m	=	nmunion during the coming year	_	rticipate fully in	
	preparation p	rogram with my child for this ho	iy sacrament		

(Please provide a copy of the Baptismal Certificate)