

# FIRST RECONCILIATION AND FIRST COMMUNION REGISTRATION FORM 2025



Child's Full Name	
Address	
Phone	Child's Date of birth (mm/dd/yyyy)
Mother's name (Maiden Name in brackets if different)	
Father's name	
Email address	
Child's Date of Baptism	Parish of Baptism and Address
Grade Level	School

**\*\*\*Please submit a photocopy of the child's Roman Catholic Baptismal Certificate with this form. Thank you!\*\*\***

Questions? Email [lindsay.moore-chung@ocsb.ca](mailto:lindsay.moore-chung@ocsb.ca)