



ARCHDIOCESE  
of  
KINGSTON

# First Reconciliation/Holy Communion Registration Form

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

## Parish Information

Name of Parish: \_\_\_\_\_ City: \_\_\_\_\_

- ☐ I currently live within the territorial boundaries of the parish.
- ☐ 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

☐ Male ☐ Female Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address of Baptismal Church: \_\_\_\_\_

\_\_\_\_\_

## Parent's Information

**Mother** (Full legal name & Maiden Name):

\_\_\_\_\_

First Name Middle Name(s) Last Name (Maiden Name)

Religion: ☐ Roman Catholic Other: \_\_\_\_\_ ☐ None

Present Address: \_\_\_\_\_

Street City Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Father** (Full legal name):

\_\_\_\_\_

First Name Middle Name(s) Last Name

Religion: ☐ Roman Catholic Other: \_\_\_\_\_ ☐ None

Present Address: ☐ Same as mother's

Street City Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Declaration

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

Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_