FIRST HOLY COMMUNION REGISTRATION FORM:

Eparchy of Mississauga, Canada

St. Mary's Syro-Malabar Catholic Church London

245 King Edward Ave., London, Ontario, Canada N5Z 3V1

www.stmaryslondon.ca Email: info@stmaryslondon.ca

Date: _____/___/__

Baptism Name:

Name of Child:	(first/Christian name)		(last)
Name of Father:	(first)	(middle)	(last)
Name of Mother:	(first)	(middle)	(last)
Address:			
Street:		House/Apt#:	
City:		Postal Code:	
Phone:(home)		(Cell)	

PARENTAL INFORMATION			
Father's Religion:		Mother's Religion:	
Envelope Number:			
Child's Date of Birth:	(yyyy/mm/dd):	Place of Birth:	
Proposed date of Ist Holy Communion:	(yyyy/mm/dd)		Time:
Proposed Church of Ist Holy Communion:			
GOD PARENTS			
God Father:	(first name)	(last name)	
God Mother:	(first name)	(last name)	
Religion:		Phone:	

Signature:

OFFICE USE ONLY

Celebrant:	Date of Ist Holy Communion :
Other Remarks:	