



St. Patrick Parish
Hamilton, Ontario

FIRST COMMUNION AND RECONCILIATION

REGISTRATION FORM

YOUR PARISH: St. Patrick's, Hamilton, ON

Other*: (Name of your parish) _____

**Please attach the Pastoral Reference Letter from your pastor*

CHILD'S SCHOOL: St. Patrick Other

Name of Child's Teacher: _____

Child's Name: _____

Date of Birth: _____

Parish of Baptism: _____

City/Town: _____ Province: _____

Please Note: A Baptism certificate is required if your child was baptized in a parish other than St. Patrick in Hamilton, ON.

MEDICAL INFORMATION:

Any allergies? _____

Other medical concerns? _____

PARENTS INFORMATION:

Father's Name: _____

Religious Denomination: _____

Mother's Name: _____

Religious Denomination: _____

Parents' Address: _____ Postal Code: _____

Home Phone # _____

Email contact: _____

PARENT'S SIGNATURE: _____

DATE: _____