

Cristo Rei Parish

3495 Confederation Parkway
Mississauga, ON L5B 3G5
905-270-1133

FIRST CONFESSION

FIRST COMMUNION



REGISTRATION FORM

crcommunion@gmail.com



Name of your PARISH: _____

Name of your SCHOOL: _____

CHILD'S INFORMATION

Full legal name of the child as it appears on the official BIRTH CERTIFICATE

_____		_____	_____
First Name	Middle Name(s)	Last Name	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____	Age: _____
		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)	Maiden Name (Before Marriage)	
Religion: <input type="checkbox"/> Roman Catholic	Other: _____		<input type="checkbox"/> None
Present Address: _____			
Street		City	Postal Code
Phone: _____		Email: _____	
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			

PARENT'S INFORMATION

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.

We will help our Child prepare for First Confession/Communion in the following ways:

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

Name (Please Print) _____

Signature: _____ Date: _____

Please send this form to: crcommunion@gmail.com
A COPY OF THE BAPTISMAL CERTIFICATE OF THE CANDIDATE
MUST ACCOMPANY THIS REGISTRATION FORM.

Tuesday, September 26, 2023 at 6:00 PM
Meeting with Parents at Cristo Rei Church