



First Reconciliation and First Holy Communion

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



St. Ignatius Loyola
Roman Catholic Church

Parish Information

Parish: **St. Ignatius Loyola**

City: **Mississauga**

I currently live within the territorial boundaries of the parish

I currently do not live within the territorial boundaries of the parish

I am a registered parishioner of St. Ignatius Loyola Parish

Child's Information

Full legal name of child:

First Name _____ Middle Name(s) _____ Last Name _____

Male Female Date of Birth: _____ City of Birth: _____
(mm/dd/yyyy)

Church of Baptism: _____ Date of Baptism: _____
(mm/dd/yyyy)

Address of Baptismal Church:

Street Number and Name _____ City _____ Postal Code _____

Please attach a copy of your child's baptismal certificate even if baptized at St. Ignatius Loyola

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:

Suite/Apt # _____ Street Number and Name _____ City _____ Postal Code _____

Phone: _____ Email: _____

Father (Full legal name):

First Name _____ Middle Name(s) _____ Last Name _____

Religion: Roman Catholic Other: _____ None

Present Address: Same as mother's or

Suite/Apt # _____ Street Number and Name _____ City _____ Postal Code _____

Phone: _____ Email: _____

School

Current School: _____
Teacher: _____ Grade: _____

Declaration

I, the undersigned, declare that the information on this form is true and accurate. I am aware that the Parish First Reconciliation and First Communion Program requires a family interview, involvement of the Parent(s) and regular attendance at Sunday Mass.

Name (please print): _____

Signature: _____ Date: _____
(mm/dd/yyyy)

Office use only	Notes
Attended registration meeting:	_____
Baptismal Certificate received:	_____
Family interview completed:	_____
Registration Fee received:	_____
First Reconciliation received:	_____
First Communion received:	_____
First Communion date: _____ (mm/dd/yyyy)	_____

