

HOLY ROSARY PARISH – TORONTO, ON
Sacraments of First Reconciliation and First Communion
2015-2016 Registration Form

Please provide a copy of the baptismal certificate.

Please PRINT Information Clearly

Name of Child (<i>as indicated on baptismal certificate</i>)		Male <input type="checkbox"/> Female <input type="checkbox"/>
School		Grade
Home address / City / Postal Code		
Mother's Full Name	Mother's Maiden Name	
Father's Full Name		
Child's Date of Birth (dd/mm/yyyy)	Phone number	Email address
Date of Baptism (dd/mm/yyyy)		Parish of <u>Baptism</u>
FULL Mailing Address of <u>Baptism Parish</u> (and email if possible)		

Parent's or Guardian's Signature of Commitment

office@holyrosary.ca

Fax: 416-923-8473

Revised August 2015