

HOLY ROSARY PARISH – TORONTO, ON
Sacraments of First Reconciliation and First Communion
2019-2020 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 2019