OUR LADY OF PEACE PARISH
3914 Bloor St. West, Etobicoke, ON M9B 1L7
Phone: 416-239-1259, Fax: 416-239-1250
Email: olpeace@archtoronto.org
Website: www.olpeace.archtoronto.org

FIRST HOLY COMMUNION
2027 REGISTRATION FORM

Important! This Form Will Only Be Accepted When Accompanied By A Copy **(Not The Original)** Of Your Child's Baptismal Certificate, *Even If The Child Was Baptized At Our Lady Of Peace.*
(If There Has Been A Name Change Or Adoption Since Baptism, Please Provide Legal Documentation.)
****Please Print Legibly ****

Child's Name: _____
First Name **Middle Name/s** **Last Name**

Date of Birth: _____ Place of Birth: _____
(Day/month/YY) City / Province / Country

Home Address: _____
Street Address City/Town Postal Code

Father's First & Last Name: _____

Father's Email: _____Father's Telephone Number: _____

Mother's First & Maiden Name: _____

Mother's Email: _____Mother's Telephone Number: _____

Do you require an accessible classroom due to special educational or mobility needs? Yes / No

Candidate's School: _____ Grade: _____

Church of Baptism: _____ **Date of Baptism:** _____
(Day/month/YY)

FULL Address of Baptismal Church

_____
(#/Street/City/Province/Postal Code/Country)

_____

As parent / legal guardian I give permission for the information gathered on this form to be used in the administration of the parish's sacramental programs, to post my child's name and date of sacraments on a parish bulletin board, to make records in the sacramental registers of this parish, and if my child attends a parish school, to inform the school of the date of the child's reception of the sacraments.

Parent's Signature: _____ **Date:** _____

Baptismal Certificate Attached ☐

Office Use ONLY: ☐ Cert ☐ Register ☐ DRM $100.00 Cash Donation ☐ Date Received: _____