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 & FIRST RECONCILIATION
2025 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 Middle Last Name

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

Home Address: _____
Street Address City/Town Postal Code

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

FULL Address of Baptismal Church: _____
(#/Street/City/Province/Postal Code/Country)

_____

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: _____

First Holy Communion Mass Date & Class Day
(Please check one date & one day)

5.00pm Saturday May 3rd, 2025 ☐
or
11.30am Sunday May 4th, 2025 ☐

Saturday Classes ☐
or
Sunday Classes ☐

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: _____

Office Use ONLY: ☐ Certificate Received ☐ $100.00 Cash Donation Date Received: _____