

St. Joseph and St. Ursula Parish

Registration Form

Sacraments of First Reconciliation and First Communion

This form and the \$20.00 registration fee (\$10 per sacrament) must be returned to St. Joseph or St. Ursula Church September 26/27 or October 3/4 at Mass.

Please pay cash or cheque payable to St. Ursula Parish
(if you need assistance with the payment, please contact the parish office, 519-352-8530)

Sacrament(s) that I wish my child to receive: First Reconciliation (Dec 2015) First Communion (Spring 2016)

PLEASE PRINT

Parish parents are registered in: St. Joseph St. Ursula Other _____

School attending: St. Joseph St. Ursula Georges Vanier Other _____

Child's Full Name: _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Grade: ____ Age: ____

Street Address (number and street): _____

Postal Code: _____ Phone Number: _____ Cell #: _____

Email address: _____

Father's First and Last Name: _____

Mother's First and Maiden Name: _____

Candidate Sacramental Information (Mandatory):

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

City, Province of Baptism: _____

My child already received First Communion (if applicable):

Year of First Communion: _____ Church of First Communion _____

If your child was baptized in a parish other than St. Joseph or St. Ursula, please submit a photocopy of his/her Baptismal certificate with this form.

Signature of Parent (s): _____

() **Attention Parents:** Please check here if you are interested in helping out with any of the preparation sessions