



ST. PATRICK'S  
CATHEDRAL

**FIRST CONFESSION & FIRST COMMUNION  
INITIAL REGISTRATION FORM ~ FOR 2019  
IN ST. PATRICK'S CATHEDRAL**



Dear Reverend Monsignor:

Our child is a baptized Roman Catholic and we wish to register him/her for First Confession and First Holy Communion in St. Patrick's Cathedral to take place on May 4 and 5, 2019.

In preparation we will help our child practise his/her Faith by bringing him to Mass on a regular basis, as best we can.

\_\_\_\_\_  
*Signature of Parents and/ or Guardian*

**PLEASE RETURN THIS COMPLETED FORM TO THE CATHEDRAL OFFICE**

*(Please print)*

CHILD'S NAME : \_\_\_\_\_  
*(Last)* *(First)*

ADDRESS : \_\_\_\_\_ POSTAL CODE : \_\_\_\_\_

E-MAIL ADDRESS (optional) : \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

PARISH WHERE OUR FAMILY ATTENDS MASS : \_\_\_\_\_

CHILD'S DATE OF BIRTH : \_\_\_\_\_ CHILD'S SCHOOL : \_\_\_\_\_

CHILD'S GRADE : \_\_\_\_\_ TEACHER'S NAME : \_\_\_\_\_

NAME OF CHURCH OF CHILD'S BAPTISM : \_\_\_\_\_

ADDRESS OF CHURCH OF BAPTISM: \_\_\_\_\_

**(Please attach a copy of your child's Baptismal Certificate ONLY if he/she was NOT baptised in the Church in which he/she wishes to receive First Communion)  
(If needed, call the Church of Baptism for a new copy of the certificate).**

**\*\*\* If your child was never baptized, please call the Pastor of your Parish \*\*\***

FATHER'S NAME : \_\_\_\_\_

MOTHER'S FIRST & MAIDEN NAME : \_\_\_\_\_

*(NAME OF GUARDIAN)* : \_\_\_\_\_

**Please return completed form to the Cathedral OFFICE (622-5389)**