



ST. PATRICK'S  
CATHEDRAL

**FIRST CONFESSION and FIRST COMMUNION  
INITIAL REGISTRATION FORM FOR: APRIL, 2020  
IN ST. PATRICK'S CATHEDRAL**



Dear Monsignor:

Our child is a baptized Roman Catholic and we wish to register him/her for First Confession and First Communion in St. Patrick's Cathedral for the year, 2020. First Confession will take place on April 25<sup>th</sup> at 3:00 pm and First Holy Communion on April 26<sup>th</sup>, 2020 .

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 Cathedral.

(If needed, call the Church of Baptism for a new copy of the certificate).

\*\*\* If your child was never baptized, please call Msgr. Stilla: 622-5389 \*\*\*

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

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

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

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