

**QUEEN OF ALL SAINTS PARISH
SACRAMENT OF EUCHARIST (FIRST COMMUNION)
REGISTRATION SHEET**

Child's name: _____

Date of birth: _____

Father's name: _____

Mother's name: _____ Maiden name: _____

Address: _____

City: _____ Postal Code: _____

Home phone: _____ Cell phone: _____

E-mail: _____

Church attending: _____

BAPTISMAL INFORMATION

Baptized where? _____

City: _____ Baptism date: _____

If candidate was not baptized in the faith community of St. Augustine's, St. Michael's or St. Lawrence O'Toole, please provide a copy of the Baptism Certificate.

SIGNATURE: _____ Date: _____