



FIRST RECONCILIATION and COMMUNION FORM

Please Print Clearly

Last Name: _____

Given Names: _____ M _____ F _____

Address: _____

City/Town: _____ Province _____ Postal Code: _____

Telephone: (____) _____ Email Address: _____

Date of Birth: _____

Place of Birth: _____
City/Town Province Country

Father's Name: _____
Last Name Given Names

Mother's Name: _____
Maiden Name Given Names

A copy of your **Baptismal certificate and Birth certificate**
are required at the time of registration.

**My child was baptized in Our Lady of Peace Parish Yes _____ No _____

If yes, please stipulate the date: _____
Your child's information will be checked by the parish office. No Baptismal certificate
required.

If no, you must obtain your child's baptismal certificate by contacting the Parish
the baptism occurred in and ask them to forward it to you personally or email
olpeace.innisfail@caedm.ca.