



ST. FRANCIS XAVIER PARISH

COMMUNION & CONFESSION REGISTRATION FORM



CHILD'S INFORMATION

First Name

Middle Name

Last Name

☐ Male ☐ Female Date of Birth _____

Baptism Certificate: ☐ Attached ☐ Will Provide

SCHOOL INFORMATION

Name of the School: _____

PARENT INFORMATION

Mother's (Full legal name & Maiden Name)

First Name

Middle Name

Last Name

Religion: ☐ Roman Catholic Other _____ None ☐

Present Address: _____

Street City Postal Code

Phone: _____ Email: _____

☐ I am the parent of or have the legal custody of the child.

Father (Full Legal Name)

First Name

Middle Name

Last Name

Religion: ☐ Roman Catholic Other _____ None ☐

Present Address: _____
(If different from Mothers') Street City Postal Code

Phone: _____ Email: _____

☐ I am the parent of, or have the legal custody of the child

DECLARATION

the undersigned, declare that the information on this form is true and accurate.

Name: (Please Print) _____

Signed _____ Date _____



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DECLARATION

NOTES:-----