

FIRST RECONCILIATION/FIRST COMMUNION REGISTRATION FORM

Transfiguration of Our Lord Parish

45 Ludstone Drive, Etobicoke, ON M9R 2J2

Tel: 416-247-0513 Fax: 416-247-0292

translord45@gmail.com Transfigurationnet@archtoronto.org

2024-2025

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PARISH INFORMATION

- I currently live within the territorial boundaries of the Parish
- I currently DO NOT live within the territorial boundaries of the Parish,
but I am formally registered in the Parish
- I am a registered parishioner I wish to register as a parishioner

CANDIDATE INFORMATION

NAME OF SCHOOL		
CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME
DATE OF BIRTH (DD/MMYYYY)	CITY/COUNTRY	
DATE OF BAPTISM (DD/MM/YYYY)	CHURCH OF BAPTISM	
CHURCH OF BAPTISM AND ADDRESS		

PARENT INFORMATION

MOTHER'S FIRST NAME	MOTHER'S MIDDLE NAME	MOTHER'S MAIDEN NAME
MOTHER'S RELIGION		
PHONE NUMBER	EMAIL	
PRESENT ADDRESS (STREET, CITY, POSTAL CODE)		

- I am a parent of or have legal custody of the child.

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FATHER'S FIRST NAME	FATHER'S MIDDLE NAME	FATHER'S LAST NAME
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FATHER'S RELIGION

PHONE NUMBER	EMAIL
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PRESENT ADDRESS (STREET, CITY, POSTAL CODE)

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

DECLARATION OF INTENT and ACKNOWLEDGEMENT OF COMMITMENT

As I prepare for the Sacrament of First Reconciliation and First Communion, I make the following agreement:

I will participate in Sunday Mass at Transfiguration of Our Lord Church

I will pray regularly, and I will attempt to show love and respect for others

I, the undersigned, declare that the information on this form (Pages 1 and 2) is true and accurate.

CANDIDATE'S SIGNATURE	DATE	PARENT'S SIGNATURE
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FOR OFFICE USE ONLY:

REGISTRATION RECEIVED BY	DATE
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FEE PAID:

YES

NO

DEFERRED

\$ _____ cash / cheque _____

FIRST COMMUNICANT'S BAPTISM CERTIFICATE RECEIVED:

YES

NO