

COMMUNION REGISTRATION

HOME TELEPHONE NO.

REGISTRATION DATE

CHILD'S LAST NAME

FIRST NAME

ADDRESS

CITY

POSTAL CODE

NAME OF SCHOOL _____ GRADE _____ AGE _____

DO YOU ATTEND MASS EVERY SUNDAY? [] YES [] NO

IF NO, HOW OFTEN DO YOU ATTEND MASS _____ TIME _____

FATHER'S NAME

RELIGION

MOTHER'S NAME

RELIGION

CHILD'S CHURCH OF BAPTISM

DATE OF BAPTISM

CHURCH OF BAPTISM'S ADDRESS

CITY

POSTAL CODE

RESERVED FOR THE OFFICE - DO NOT FILL THIS SECTION

INTERVIEWING PRIEST OR CATECHIST: _____

Annotation: _____

REGISTRATION NUMBER _____