



Our Lady of Perpetual Help Church

5 Oblate St., St. Catharines, Ontario L2M 5C5 – Tel. (905) 937-4230 Fax: 937-8922

First Holy Communion Registration Form

*Please include a copy of your child's Birth and Baptismal Certificate
Dated 6 months prior to receiving the Sacrament of Eucharist*

PLEASE PRINT CLEARLY

Name of Child: _____ M ☐ F ☐

School: _____ Grade: _____ Age: _____

Name of Father: _____

Name of Mother: _____

Mother's Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Child's Date of Birth: _____ Child's City of Birth: _____

Date of Baptism: _____

Church of Baptism: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

(Your child must be baptized prior to receiving Holy Communion. If your child has not been baptized, please make an appointment with the Pastor as soon as possible. If you do not have a baptismal certificate for your child, please contact the church where your child was baptized and ask for a copy to be emailed or faxed over to us.)

Signature of Parent or Guardian: _____ Date: _____

Office Check Off List:

Registration Form _____ Birth Certificate _____ Baptismal Certificate _____

(Baptismal certificate must be dated 6 months prior to receiving the Sacrament of Eucharist)



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Name of Mother: _____

Mother's Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

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