Sacramental Registration Form

SACRAMENT OF FIRST RECONCILIATION & FIRST COMMUNION

SY 2025-2026

St. Paul the Apostle Church 2265 Headon Road, Burlington L7M 4E2

Please complete and return this form (both sides) and attach a COPY of your child's Catholic Baptism Certificate to the form. The parish requires a copy of the Baptism Certificate in order to process the registration. If you have misplaced the Baptism certificate, please contact the church of Baptism and request a new record of Baptism to submit your forms.

Completed Registration Forms must be submitted to the parish on either of the following Registration Dates:

DROP-IN SACRAMENTAL REGISTRATION DATES:

October 1, 2025, between 5PM - 7PM; or October 4, 2025, between 10:30AM - 12PM

CHILD'S NAME*:		
(First)	(Middle)	(Last)
*As it appears on the Baptism Cert	ificate.	
SCHOOL PRESENTLY ATTENDIN	IG:	
☐ Canadian Martyrs	☐ St. Anne	☐ St. Elizabeth Seton
☐ Sacred Heart of Jesus	☐ St. Christopher	☐ St. Timothy
CLASSROOM TEACHER:		
PARENT/GUARDIAN SIGNATUI	RE:	
	DUIRED DOCUMENTS NEED	
<u>AT S</u>	<u>ACRAMENTAL REGISTRATI</u>	<u>ON:</u>
	☐ Completed Registration For	rm
☐ Pho	tocopy of your child's Baptism (Certificate
☐ Translation of	Child's Baptismal Certificate (if	in another language)

CHILD'S PERSONAL INFORMATION Child's Name _____ (Middle) (First) (Last) Child's Date of Birth: (Month/Day/Year) City & Country of Birth: Father's Name (Christian & Surname): Mother's Name (Christian & Maiden Surname): Family Address: (City & Postal Code) (No. & Street Name) Father's Phone: Mother's Phone: Father's Email: _____ Mother's Email: _____ **BAPTISM INFORMATION** Date of Baptism: (Month/Day/Year) Name of Church of Baptism: City, Province & Country of Baptism: Denomination of Church of Baptism: ☐ Baptism Certificate Enclosed - MANDATORY If you have provided a Baptisın Certificate in another language, please provide an English translation in addition to the copy of the original certificate. There is no need for a notarized translation.