



St. Martin De Porres Church

4179 Lawrence Ave East, Scarborough, Ontario M1E 2S3



416 284 9192, 416 519 9663



416 284 0201



stmartinsc.office@archtoronto.org

First Reconciliation & First Holy Communion Registration Form

Child's Full Name:.....

Address:.....

Phone :..... Email:

Date of Birth:/...../...
(dd/mm/yyyy)

Date of Baptism:...../...../.....
(dd/mm/yyyy)

Church of Child's Baptism:.....

School:..... Grade:.....

Father's Name:.....

Mother's Name:.....

Parish of Registration: St. Martins: Other:.....

Please submit a copy of his/her baptismal certificate with this form if baptized at a parish other than St. Martin De Porres.

All forms must be submitted at Parent Information Session or if unable to attend the session, to the Classroom Teacher.

Parent/ Guardian Signature:.....

For Office Use Only:

Baptismal Certificate Received: YES / NO

Fee Received: YES / NO

First Reconciliation Date:.....

First Holy Communion Date:..... Location:.....

Notes: