

ST. JOSEPH'S PARISH
32550 7th Avenue Mission BC V2V 2B9
Phone: 604.425.0392

Registration form for FIRST COMMUNION

Name: _____ Last Name: _____

Date of Birth (YY/mm/DD): _____ Place of Birth: _____

Name of Parents: _____

Date, Place and Church of Baptism: Kindly provide a copy of the Baptism Certificate

Present Residential Address: _____

Tel: _____ Cell: _____

Name of the Parish where the Family is a registered member: _____

Have you already received the sacrament of Reconciliation: Yes / No

Have you received preparatory instruction for First Communion? Yes / No

Are you prepared to make a commitment to Jesus and welcome Him into your heart? Yes / No

Please provide a **COPY** of your baptism Certificate: Yes Date of Baptism: _____

Church of Baptism: _____ Place: _____

For the Parish office: _____

Date of First Communion: _____

The information has been sent to the Parish of Baptism (Date): _____

Jesus Says:
*I am the living bread that came down from heaven;
whoever eats this bread will live forever;
and the bread that I will give is my flesh for the life of the world.*
John 6:51