

**ST. BASIL PARISH**

**SACRAMENT OF FIRST COMMUNION REGISTRATION PACKAGE 2020**

**PLEASE NOTE** THAT WE CAN ONLY ACCEPT THIS FORM IF IT IS ACCOMPANIED BY A PHOTOCOPY OF YOUR **CHILD'S BAPTISM CERTIFICATE**  
(IF YOUR CHILD WAS BAPTIZED AT ST. BASIL PARISH, WE HAVE THE CERTIFICATE ON FILE).

**CHILD'S INFORMATION:** (PLEASE **PRINT** CLEARLY)

FULL NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_ Postal Code \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

CHURCH OF BAPTISM: \_\_\_\_\_ DATE OF BAPTISM: \_\_\_\_\_

RELIGIOUS DENOMINATION OF BAPTISM  ROMAN CATHOLIC  OTHER (PLEASE SPECIFY) \_\_\_\_\_

**COPY OF BAPTISM CERTIFICATE**

COMPLETE ADDRESS OF BAPTISMAL CHURCH: \_\_\_\_\_

**IF HE/SHE WAS NOT BAPTIZED IN THE ROMAN CATHOLIC CHURCH, PLEASE CONTACT THE PARISH OFFICE**

**FIRST COMMUNION DATES**

**ST. GABRIEL'S SCHOOL and OTHER SCHOOLS**

**MAY 23, 2020, 5:00 PM MASS**

**CHRIST THE KING SCHOOL, ST. BASIL'S SCHOOL**

**MAY 24, 2020, 11:30 AM MASS**

**PARENT/GUARDIAN INFORMATION:** (PLEASE **PRINT** CLEARLY)

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S FIRST NAME AND MAIDEN NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PARENTAL PERMISSION**

I wish to present my child, \_\_\_\_\_ for the Sacrament of First Communion at St. Basil Parish. I will ensure that he/she will attend Sunday Mass regularly in order to participate in the life of the Church and to prepare for this Sacrament.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

**N.B. (1) CELEBRATION OF THE SACRAMENT OF FIRST RECONCILIATION, WEDNESDAY, MARCH 25, 2020 AT 7:00PM IN THE CHURCH**

**(2) REHEARSAL FOR FIRST COMMUNION WILL TAKE PLACE ON MAY 23, 2020 AT 10:00 AM IN THE CHURCH**

**(3) FORMS MUST BE SUBMITTED BY DECEMBER 29, 2019 AT ANY MASS**