

Saint Paul the Apostle Parish  
**REGISTRATION FOR RECONCILIATION  
FIRST COMMUNION**

For a child or adult who was baptized as a Catholic

**Part I - Candidate's Information**

Full Name of Candidate: \_\_\_\_\_  
As recorded on the Baptismal Certificate

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

City/Province of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Baptism:** Proof of Baptism must be supplied with this registration form. Please check A or B:

- A. If baptized at St. Paul Parish, please provide date of Baptism \_\_\_\_\_  
DD/MM/YYYY
- B. If baptized at another Parish, please attach a Baptismal Certificate.

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(If the candidate is not in a Catholic School, please make an appointment for religious instruction immediately)

**Part II - Parental Information**  
As recorded on the Candidate's Baptismal Certificate

Father of Candidate: \_\_\_\_\_

Religion of Father: \_\_\_\_\_  Father is a custodial parent

Mother of Candidate \_\_\_\_\_ Maiden or Birth Name: \_\_\_\_\_

Religion of Mother: \_\_\_\_\_  Mother is a custodial parent

**Name of Legal Guardian in addition to or if not one of the parents:**

Name: \_\_\_\_\_

Phone/Cell for contact person: \_\_\_\_\_ Email: \_\_\_\_\_

**Declaration and Signature of Parent or Guardian**

I certify that the custodian information for the candidate is correct and that I will support my child in the preparation for the Sacraments of Reconciliation and First Communion.

Name (Print) \_\_\_\_\_

Please return to the Parish with baptismal information or certificate

**Please email this completed form and baptismal record (if applicable) to [sacraments@stpaulkingston.com](mailto:sacraments@stpaulkingston.com)**