

St. Patrick and St. Noel Chabanel
First Reconciliation/First Holy Communion Registration Form

P.O. Box 640 - 215 Pine Street

Stayner, ON L0M 1S0

Office: 705-428-2124 Fax: 705-428-3091

Email: stpatrickstnoel@gmail.com

Websites: www.stpatrickstnoel.com www.stpatricksst.archtoronto.org

Child's Information

Full legal name of child as it appears on birth certificate:

First Name Middle Name(s) Last Name

☐ Male ☐ Female Date of Birth: _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____

School: _____ Teacher's Name: _____

Grade: _____

Contact Information

Home Address: _____

Home Phone: _____

Cell (1): _____ Cell (2): _____

Email(1): _____ Email (2): _____

Parent's Information

Mother (Full Legal & Maiden Name):

First Name Middle Name(s) Last Name (Maiden Name)

Religion: ☐ Roman Catholic Other: _____ ☐ None

Marital Status: _____ Place of Marriage(if applicable): _____

Father (Full Legal Name):

First Name Middle Name(s) Last Name

Religion: ☐ Roman Catholic Other: _____ ☐ None

Marital Status: _____ Place of Marriage(if applicable) _____

OFFICE USE ONLY

☐ Baptism Certificate Received. Date: _____ Staff: _____

☐ Payment Received. Check #: _____ Date: _____ Staff: _____

☐ Commitment Lettter Received. Date: _____ Staff: _____

Quiz Score: _____