



ARCHDIOCESE OF TORONTO
OUR LADY QUEEN OF CROATIA PARISH
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REGISTRATION FOR FIRST COMMUNION

Name and surname of child:

Name and surname of father:

Name and maiden name of mother:

Parents' address and phone number:

Date and place of birth of child:

Date and place of Baptism of child:

Address of Church of Baptism:

Date of registration: September __, 20__.

I wish my child to enter the process of preparation for the sacrament of First Communion. I will take the responsibility for my child to participate regularly in the preparation course, beginning November 1st, 20__, and attend regularly Sunday Masses, beginning October 1st, 20__.

Signature of parents:

Signature of Priest: