

St. Augustine of Canterbury Church
Faith Formation Office

REGISTRATION FOR FIRST COMMUNION

Please Print Legibly:

Child's Name : _____
(Surname) (Given Name)

Date of Birth: _____
(Day) (Month) (Year)

Baptized: _____
(Day) (Month) (Year)

Church of Baptism: _____

My Child is NOW in Grade # _____ School Year _____

Father's Name: _____
Catholic: Yes () NO ()

Mother's Maiden Name: _____
Catholic: Yes () NO ()

Mailing Address: _____ Postal Code _____

Home Phone: _____ Work Phone _____

Email Address: _____

Note: Please Attach a Copy of the **Baptismal Certificate**
(Very Important)

**If your child has had a name change since Baptism,
Please provide a support paper (document) with this information.**

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