

St. Lawrence Martyr Parish
2210 Lawrence Ave East, Scarborough, ON M1P 2P9
Phone: 416-759-9359 Fax: 416-759-6725

Email: slmsacraments@gmail.com

Website: stlawrencemartyr.archtoronto.org

## First Reconciliation & Holy Communion Registration Form

ITEMS DUE AT TIME OF REGISTRATION ARE:  A completed Registration Form  Copy of Baptismal Certificate  Registration fee of \$50.00						
CANDIDATE PERSO	NAL INFORI	MATION				
Child's Last Name						
Child Name						
	First			Middle		
Date of Birth			Place	Place of Birth		
	(montn/day/year)		Gender	□ Male	□ Female	
Name of Church Bapt	ized					
(month/day/year)  CHOOL INFORMATION				☐ Roman Catholic  Other Denomination:		
	St. Lawrence	Martvr	□ Other			
Teacher's Name						
FAMILY INFORMATION						
Father's Full name						
Roman Catholic	□ Yes	□ No				
Mother's Maiden Nar	ne					
Roman Catholic	□ Yes	□ No				
Address (in Full)						
Home Phone				Cell		
PARENT EMAIL						

(Please write legibly)