

St. Ann's Parish  
11 Wilson St. West  
Ancaster, Ontario  
Tel: 905-648-6874 Fax: 905-648-2926

**REGISTRATION FORM FOR  
FIRST RECONCILIATION AND FIRST EUCHARIST**

*Dear Parents or Guardians please fill out the following information in full.  
Please bring the completed form and a copy of your child's  
Baptismal Certificate (unless your child was baptized at St. Ann's, Ancaster)  
to the Parent Information Meeting in September*

Full name of child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_\_  
*First name Surname*

Mother \_\_\_\_\_ Religion \_\_\_\_\_  
*First name Maiden name*

What parish do you belong to? \_\_\_\_\_

Are you registered in that parish? \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_  
*(If your child is in the parish catechism class please write "Catechism Class")*

***Baptismal Information for Child:***

Church of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Address of Church \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**You must attach a copy of the Baptism Certificate, unless your child was baptized at St. Ann's.**

**Very Important:** If your child was never baptized or baptized in a non-Catholic Church, and you wish him/her to receive First Reconciliation and Eucharist, an appointment with Father Ian will be necessary. Please call the parish office as soon as possible to arrange a time.

**Declaration:** We/I desire that this child receive the Sacraments of Reconciliation and Eucharist, and promise to do all that is necessary to facilitate a deepening faith for this important step of Christian initiation.

Signature of Parent/Guardian \_\_\_\_\_