

705-526-6313 ext 1

stmargaretsmi@archtoronto.org

St. Margaret's Parish, Midland
FIRST COMMUNION REGISTRATION FORM 2023-24

CHILD'S INFORMATION		
Full Christian Name	Grade	School
Street Address	City	Postal Code
Home Phone	Cell Phone	
Parent Email Address		
Child's Date of Birth	Age	
PARENT INFORMATION		
Mothers Full Legal Name (Maiden Name)		
Fathers Full Legal Name		
Religion of Mother	Religion of Father	
SACRAMENTAL LIFE		
Are you registered members of St. Margaret's Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child been Baptized in the Roman Catholic Faith? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often does your family attend Mass? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Christmas/ Easter and Special Occasions <input type="checkbox"/> Rarely		
Where does your family attend Mass?		
PERMISSION		
I will help my child participate at Sunday Mass every week.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
To the best of my ability, I will ensure my child participates in Communion preparation sessions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I will pray regularly and attempt to show love for others.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		
Signature of Candidate	Date	
Signature of Parent/ Guardian	Date	
If you have any questions, please contact St. Margaret's Parish at email: stmargaretsmi@archtoronto.org or phone: 705-526-6313 ext 1		