



London North Central Catholic Family of Parishes  
 Diocese of London, Ontario, Canada  
 "Being a mission-oriented Church forming disciples of Jesus"

**REGISTRATION FOR FIRST RECONCILIATION & FIRST COMMUNION 2025**

Please Send this Form to Leigh Duckworth [lduckworth@dol.ca](mailto:lduckworth@dol.ca)

**PLEASE PRINT CLEARLY**

**St. Michael's Parish**  
 511 Cheapside Street, London, ON N5Y 3X5  
 Tel. 519-433-6689 | Email [stmichlon@dol.ca](mailto:stmichlon@dol.ca)

**St. Peter's Cathedral Basilica**  
 511 Cheapside Street, London, ON N5Y 3X5  
 Tel. 519-432-3475 | Email [basilica@dol.ca](mailto:basilica@dol.ca)

<b>CHILD'S NAME</b>		
First Name	Middle Name(s)	Last Name
<b>MALE</b> <input type="checkbox"/>	<b>FEMALE</b> <input type="checkbox"/>	<b>DATE OF BIRTH:</b>
		<b>BAPTISM DATE:</b>
		Day / Month / Year
<b>CITY &amp; COUNTRY OF BIRTH:</b>		
<b>CHURCH, CITY &amp; COUNTRY OF BAPTISM:</b>		

<b>FATHER'S NAME:</b>	<b>SURNAME:</b>	<b>RELIGION:</b>
<b>FATHER'S ADDRESS:</b>		
Unit/Apt	Street	Postal Code
<b>PHONE NUMBER (Home)</b>	<b>(Cell)</b>	
<b>MOTHER'S NAME:</b>	<b>MAIDEN NAME:</b>	<b>RELIGION:</b>
<b>MOTHER'S ADDRESS:</b> <i>(If different than Father's)</i>		
Unit/Apt	Street	Postal Code
<b>PHONE NUMBER (Home)</b>	<b>(Cell)</b>	
<b>EMAIL ADDRESS:</b>		
<i>By providing my email address I give St. Michael's/ St. Peter's Cathedral Basilica permission to contact me by email.</i>		
<b>CHILD'S SCHOOL:</b>	<b>GRADE:</b>	

**REGISTERED PARISHIONER:**     YES     NO

**NOTE**    *Please attach a copy of Baptismal Certificate  
 Please enclose Registration Fee of \$25.00 (books & resources)  
 (If this is a financial hardship, please contact the parish office)*



**Form is double sided.  
 Please turn over.**

<b>For Office Use Only:</b>	<input type="checkbox"/> Baptism Verified	<input type="checkbox"/> Entered in Communion Register
<input type="checkbox"/> Entered in DDMS	<input type="checkbox"/> 1 <sup>st</sup> Reconciliation	<input type="checkbox"/> 1 <sup>st</sup> Communion Certificate
	<input type="checkbox"/> Payment received	CA   CH   PL   ET   DBT   CC

# PHOTO PERMISSIONS

Throughout the preparation time there will be opportunities for photographs to be taken that have the potential to be used on our website and Facebook page or in our Family of Parish's publication **without naming the participant.**

I give permission for photographs of my child \_\_\_\_\_  
to be displayed without naming. (child's name)

I do **not** give permission for photographs of my child \_\_\_\_\_  
to be displayed without naming. (child's name)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Check List:

- Copy of child's Baptismal Certificate attached (*even if baptized at St. Michael's or St. Peter's*)
- All areas of registration form are completed
- Photo Permissions is signed
- Registration Fee of \$25.00 is attached (If this is a financial hardship, please contact the parish office)

***As the parent/guardian of the child being registered, I understand I am the first teacher of faith and formation in my child's preparation for sacraments.***

\_\_\_\_\_  
(Please sign)

***We look forward to journeying in faith with your family.***

