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 2026

Please Send this Form to Leigh Duckworth 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

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

CHILD'S NAME _____ | _____ | _____
First Name | Middle Name(s) | Last Name

MALE ☐ **FEMALE** ☐ | **DATE OF BIRTH:** _____ | **BAPTISM DATE:** _____
Day / Month / Year | Day / Month / Year

CITY & COUNTRY OF BIRTH:

CHURCH, CITY & COUNTRY OF BAPTISM:

FATHER'S NAME: **SURNAME:** **RELIGION:**

FATHER'S ADDRESS:
Unit/Apt **Street Number & Street Name** **Postal Code**

PHONE NUMBER (home) (cell)

MOTHER'S NAME: **MAIDEN NAME:** **RELIGION:**

MOTHER'S ADDRESS:
(If different than Father's)
Unit/Apt **Street Number & Street Name** **Postal Code**

PHONE NUMBER (home) (cell)

EMAIL ADDRESS:

Email will be the primary source of communication. Provide an email that gets checked frequently.

CHILD'S SCHOOL: **GRADE:**

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.

For Office Use Only: ☐ Baptism Verified ☐ Entered in Communion Register

☐ Entered in DDMS ☐ 1st Reconciliation ☐ 1st Communion Certificate ☐ 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.