

# *St. Francis de Sales - Blessed Sacrament Parish*



17 Elmsley Street North, Box 1153,  
Smiths Falls ON K7A 5B4  
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Web page: [www.stfrancis-smithsfalls.com](http://www.stfrancis-smithsfalls.com)  
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## *Registration for the Sacrament of First Reconciliation and First Eucharist*

Please complete this fillable form, save it, and email a copy to the parish office, or print the form, complete it and return the completed form to the parish office.

*Our family wishes to support our child in the preparation program for the sacraments of First Reconciliation and First Eucharist.*

Candidate's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Last Name First Name Month Day Year*

Candidate's Address & Postal Code \_\_\_\_\_  
\_\_\_\_\_ Tel. Number \_\_\_\_\_

School Attending: St. Francis de Sales Ecole-Ste-Marguerite  
Other \_\_\_\_\_

Parish Church: St. Francis de Sales, Smiths Falls  
Blessed Sacrament, Lombardy  
Other (please specify) \_\_\_\_\_

**Note:** A copy of the Catholic Baptismal Certificate is required for registration (If baptized at St. Francis de Sales or Blessed Sacrament, the date of baptism is sufficient).

Candidate's Date of Baptism: \_\_\_\_\_

Candidate's Parish of Baptism: \_\_\_\_\_

Father's Name: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Tel: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Tel: \_\_\_\_\_

Which parent is the best contact person? Mother Father Both

Please return this completed form to the Parish Office via email, in person or via Canada Post