

St. Francis de Sales - Blessed Sacrament Parish



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Smiths Falls ON K7A 5B4
Phone: 613-283-0220
Web page: www.stfrancis-smithsfalls.com
E-mail: StFrancisdeSales@archkingston.ca



Registration for the Sacrament of First Reconciliation and First Eucharist

Candidate's name: _____
Last Name Middle Name First Name

Date of Birth _____
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

Important: If applicable, a statement affirming sole custody of the child(ren) preparing for the Sacrament must also be attached to this form.

Voluntary Contribution: To assist in covering the cost of resource materials kindly consider contributing any amount per child that you are able by e-transferring the amount to: stfrancispayments@gmail.com and in the message box please include "Contribution to Sacramental Preparation Program and your child(ren)'s names. Thank you!

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