

# St. Francis de Sales - Blessed Sacrament Parish



17 Emsley Street North, Box 1153,  
Smiths Falls ON K7A 5B4  
Phone: 613-283-0220  
Web page: [www.stfrancis-smithsfalls.com](http://www.stfrancis-smithsfalls.com)  
E - mail: [StFrancisdeSales@archkingston.ca](mailto:StFrancisdeSales@archkingston.ca)



## Registration for the Sacrament of First Reconciliation and First Eucharist

Candidate Name

First Name

Last Name

Date of Birth

Date

Candidate's Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

School Attending: St Francis de Sales Ecole-Ste-Marguerite, Other (please specify)

Parish Church: ST Francis De Sales, Smiths Falls Blessed Sacrament, Lombardy, Other( please specify)

Candidate's Date of Baptism



Date

Candidate's Parish of Baptism

Father's Name:

Email

example@example.com

Mothers Maiden Name

Email

example@example.com


Phone Number

Please enter a valid phone number.

Which Parent is the best contact person ?

- Mother
- Father
- Both

File Upload



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Drag and drop files here

Note: Acopy of the Catholic Baptismal Certificate is required for registration (If baptized at St. Francis de Salesor Blessed Sacrament, the date of baptism is sufficient).

**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!

Submit