Precious Blood Roman Catholic Church
1737 Lawrence Ave. East
Scarborough, Ontario
M1R 2X7
416-751-2661

FIRST RECONCILIATION AND FIRST COMMUNION

To The Pastor, Precious Blood Parish, Toronto

- I desire and agree to have my son/daughter *(Child's Name)*

  ……who is attending Grade …… at *(name of the school)* …….. School to receive the Sacrament of First Reconciliation and First Communion at Precious Blood Church in the school year 2020-2021.

- At present we are registered and attend at *(write the name of your parish)*

  ……..

- My child was baptized at Precious Blood Parish ☐

  My child was baptized at *(Name of Parish)* ……..

  (Full Address of Baptism Parish) ……..

A copy of the Baptism Certificate of my child is attached ☐

Parent's Name Mother …….. Religion ……

Father …….. Religion ……

Address: …….

City ……. Postal Code ……. Tel. # …….

Email ……

……
Signature (Parent/Guardian)

Please scan application and baptismal certificate and email to office@preciousblood.ca or fax to 416-751-2662