



# St. Elizabeth of Hungary Parish First Holy Communion Registration Form

Please complete this form and return it to the parish  
(PLEASE PRINT)

## Parish Information

- I am member of this parish.  
 I would like to become a member of this parish.

## Child's Information

Full legal name of child:

\_\_\_\_\_

First Name Middle Name(s) Last Name

Male  Female Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
yyyy-mm-dd

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_  
yyyy-mm-dd

## Parent's Information

### Mother (Full legal name & Maiden Name)

\_\_\_\_\_

First Name Middle Name(s) Last Name (Maiden Name)

Religion:  Roman Catholic Other: \_\_\_\_\_  None

Present Address: \_\_\_\_\_

# Street Apt. # City Province Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- I am a parent of, or have legal custody of the child.

### Father (Full legal name)

\_\_\_\_\_

First Name Middle Name(s) Last Name

Religion:  Roman Catholic Other: \_\_\_\_\_  None

Present Address:  Same as mother's

# Street Apt. # City Province Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- I am a parent of, or have legal custody of the child.

Name of the day school of the candidate: \_\_\_\_\_

Language of preparation (EN/HU): \_\_\_\_\_

## Declaration

I, the undersigned, declare that the information on this form is true and accurate.

Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
yyyy-mm-dd