

Our Lady of Lourdes Church Waterloo, Ontario

First Reconciliation & First Eucharist Request 2017-2018

Dear Father Rafal Tomon: I/we wish for my/our child to receive the sacraments of First Reconciliation and First Eucharist at Our Lady of Lourdes Church.						
SECTION A – PLEASE PRINT Child's name:			School:			
Signature of parent/guardian			Signature of parent/guardian			
SECTION B – PLEASE P	RINT					
Child's address					Postal code	
Phone			Home email			
Date of birth						
Current parish/place of	worship					
						
Mother's full birth name	e				Religion	
Contact information	Address				i	A
$\underline{same}\ as\ above\ \square$ or	Phone		Email			
			<u>_i </u>			_
Father's name					Religion	
Contact information	Address				i	A
$\overline{same}\; as\; above\; \square \; or$	Phone		Email			
Child's baptismal information						
My/our child is bar	otized. (Please p	provide the ba	ptismal informa	tion below.	A copy of the E	Baptism certificate will
			_		_	of Lourdes, Waterloo.)
Date of baptism	, Daptizeu. i ieus	se contact me,	Religion	аризін іог п	iy/our ciiiia.	
Place of baptism	Nama of chur	Name of church				
	Complete address					
Additional information	Complete auui	ess				
Please provide any addi	tional informati	ion that you th	nink would be he	elpful.		
	•	•				

Please return the completed form to the parish office.

Thank you.