Mother Church of Brampton
ST. MARY'S CATHOLIC CHURCH

FIRST RECONCILIATION
Registration Form

CONTACT INFORMATION

Contacting Person: _____ Date _____

Address: _____

Home Phone #: _____ Cell #: _____

Email: _____

Parishioner: Yes ☐ No ☐ Reside Inside Boundaries: Yes ☐ No ☐

If NOT a parishioner/NOT within boundaries, state reason for the request here.

_____

Girl ☐ Boy ☐

Child's Name: First _____ Middle _____ Last Name _____

Date of Birth: DD/MM/YYYY _____ Place: _____

I acknowledge the long form birth certificate is required: _____

What is your relationship to the child? _____

Have you baptized a child here previously? _____

Marital Status: Married in a R.C. Church ☐ Civilly ☐ Married ☐ Common Law ☐ Single ☐

Which Mass do you normally attend: _____ AM _____ PM?

How often? Once a month ☐ Twice a month ☐ Three times a month ☐ Every Sunday ☐

Mother's information:

First: _____ Middle _____

Last Name: _____

Maiden Name: _____

Baptized Catholic? Yes ☐ No ☐

Baptized in another church? Yes ☐ No ☐

Name of Church: _____

Location: _____

Father's information:

First: _____ Middle _____

Last Name: _____

Baptized Catholic? Yes ☐ No ☐

Baptized in another church? Yes ☐ No ☐

Name of Church: _____

Location: _____

OFFICE USE ONLY

Referred to: *Fr. Peter* ☐ *Fr. Martin* ☐ LPA ☐ Date: _____

Notes: _____

_____

Date of Preparation Session: _____ Date of Baptism: _____

August 2026