

Holy Ghost Parish
341 Pritchard Ave.
Winnipeg, MB
R2W 2J3



Tel.: (204) 582-4157
hg.catechism@gmail.com

COMMUNION REGISTRATION FORM

CHILD*:

Last name _____

Given Names _____

Last Grade Completed in Religious Studies: _____

Date of Birth day _____ month _____ year _____

Place of Birth city _____ province /country _____

Date of Baptism day _____ month _____ year _____

Place of Baptism parish _____ city _____

Allergies _____

Other Information _____

PARENTS:

	Mother	Father
First and Last Name	_____	_____
Mother's Maiden Name	_____	
Cell Phone Number	_____	_____
Home Phone Number	_____	_____
Email	_____	_____
Parent's Address	_____	_____
	_____	_____

CHECKLIST:

- Completed registration form
- Copy of baptismal certificate
- Registration Fee \$150.00 cash cheque

* Child's full name will appear on the certificate.