

# Pro-Cathedral of the Assumption ~ North Bay, Ontario

(705) 472-3970 cathedral@bellnet.ca

Please indicate which sacrament (s) your child is registering for.

I WISH TO REGISTER FOR THE SACRAMENT OF FIRST EUCHARIST

My family is registered at the Pro-Cathedral of the Assumption. YES  NO

I was baptized at the Pro-Cathedral of the Assumption.  YES

My baptism date is: \_\_\_\_\_  Unknown

|                        |
|------------------------|
| <b>OFFICE USE ONLY</b> |
| No: _____              |
| Date: _____            |

If you were not baptized at the Pro-Cathedral of the Assumption, please provide a copy of the baptismal certificate from the Parish where you were baptized.

Attached  Will Deliver to Office (ASAP Please ~ Requirement for the Sacrament)

(Provide a copy even if your child celebrated another sacrament before - we do not keep copies on file.)

|   |   |
|---|---|
| <b>FULL Christian Name:</b> _____   |   |
| <i>This name will appear on certificate &amp; must match name on baptismal certificate.</i> |   |
| <b>Gender</b>   | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| <b>Date of Birth</b>  |   |
| <b>Place of Birth</b>   |   |
| <b>Date of Baptism</b>  |   |
| <b>Church of Baptism &amp; Mailing Address</b>  |   |
| <b>School Attending</b>   | <b>Grade Level:</b>   |
| <b>Full Name of Father</b>  |   |
| <b>Name of Mother</b>   | <b>Mother's Maiden Name:</b>                                  |
| <b>Home Street Address</b>  |   |
| <b>City &amp; Postal Code</b>   | <b>P/C:</b>   |
| <b>Telephone Number</b>   |   |
| <b>Email Address</b><br><b>VERY IMPORTANT</b>   |   |

**Return Completed Form AND COPY OF CERTIFICATE by Placing it into the Collection Basket or Delivering it to the Parish Office at 480 McIntyre Street West or by Email: cathedral@bellnet.ca**

*Pro-Cathedral of the Assumption  
North Bay, Ontario  
(705) 472-3970  
cathedral@bellnet.ca*

# *Registration For*

*First Reconciliation*



**AND / OR**

*First Eucharist*

