



ST. JOHNPAUL II SYRO MALABAR CATHOLIC PARISH

EPARCHY OF MISSISSAUGA
REGINA, SK S4R 3G3, CANADA

(SACRAMENT OF FIRST HOLY COMMUNION)

I would like to formally request a letter stating that my son/daughter _____ & has attended his/her Holy Communion Classes and has successfully completed the requirements to receive her/his Sacrament of First Holy Communion.

Name:	(first/Christian name)	(middle)	(last)
Date of Birth	(dd/mm/yyyy)	Date of Baptism	(dd/mm/yyyy)
Name of Father:	(first	(middle)	(last)
Name of Mother:	(first	(middle)	(last)
Address:			
Street:		House/Apt#:	
City:		Postal Code:	
Phone(Home)		(Cell)	
E-mail:			
Envelope Number:			

SIGNATURE _____

DATE _____

(Of Parent)

TO BE COMPLETED BY CATECHISM PRINCIPAL

Grade in Catechism Class:
Has the candidate completed all classes?
Name of Catechism Teacher:
Proposed Church of the Sacrament of Holy Communion
(Name of church and address):

SIGNATURE _____ DATE _____

55 MCMurchy Ave, Regina, Saskatchewan-S4R3G3, Canada
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Nb: Please be advised that as a requirement for registration, a fee of CAD 100 is applicable. This fee is designated as a contribution to support the activities and mission of the church