ST. THOMAS SYRO-MALABAR CATHOLIC FORANE CHURCH

115 Ionview Road, Toronto, ON, M1K 3A1

Tel: (416) 701 9996

Email: office@stthomasparishca.com
Website: www.stthomasparishca.com

(SACRAMENT OF FIRST HOLY COMMUNION)

I would like		equest a letter stating	
		& has a	ttended his/her Holy
Communion Classes	and has succes	ssfully completed the re	equirements to receive
her/his Sacrament of		•	•
Name:	(first/Christian name)	(middle)	(last)
Date of Birth:		Date of Baptism:	- I
Name of Father:	(first)	(middle)	(last)
Name of Mother:	(first)	(middle)	(last)
Address:			
Street:		House/Apt#:	
City:		Postal Code:	
Phone:(home)		(Cell)	
Email address:			-
ENVELOPE NUM	IBER:		
SIGNATURE		DATE	
(Of Larein)			
TO BE	COMPLETED	BY CATECHISM PR	<u>INCIPAL</u>
Grade in Catechism	ı Class:		
Has the candidate c	ompleted all cla	sses?	
Name of Catechism			
Proposed Church of the	e Sacrament of Hol	ly Communion (Name of chu	urch and address):
SIGNATURE		_ DATE	
(Of Catechism Principal)			