



First Reconciliation & First Communion Registration Form

This form is due before October 10, 2025 at the Little Flower Parish Office. Please use formal legal names and use Mother's Maiden Name. Contact Meghan Slates, Youth Faith Formation and Sacramental Lead at Little Flower Parish if you have any questions or concerns: 419.537.6655 or mslates@LittleFlowerToledo.org

Child's Full Legal Name:

(First) (Middle) (Last)

Home Address: _____

Child's Date of Birth: ____/____/____ Child's Birth City & State: _____ Age May 3rd: ____
(Month/Date/Year)

Parent Email Address: _____

Cell Phone: _____ Home Phone: _____

Alt. Phone: _____

Father's Full Legal Name:

(First) (Middle) (Last)

Mother's Full Legal Name:

(First) (Middle) (Maiden Last Name)

Church of Baptism:

(Church Name) (City) (State)

If your child's Baptism was NOT at Little Flower Parish: Please contact the Church of Baptism listed above and ask them to send a copy of your Child's Baptismal Certificate. **This must be on file at Little Flower Parish before October 10th, 2025.** Parishes may send a Baptismal Certificate to:

Email: ParishCenter@LittleFlowerToledo.org

Mail: Youth Faith Formation - Little Flower Parish 5522 Dorr St. Toledo, OH 43615

Fax: 419.537.1469

For Office Use Only:	FC Book: ____	P/S ____	Baptism Book ____	Church of Bapt. Notified ____
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