



Holy Martyrs of Japan

P.O. Box 1180, 167 Essa Street, Bradford ON L3Z 2B6

Tel. (905) 775-2065 Email. sacraments.hmoj@gmail.com

November 22, 2022

Dear parents and guardians.

I am happy to announce that registration for First Reconciliation & Communion 2022-2023 is now open. Please complete the registration form and return it with a copy of the child's baptism certificate to the church office by email or in person.

Important dates to remember:

FIRST COMMUNION

REGISTRATION DEADLINE: JANUARY 31, 2023

First Reconciliation / Confession

At Holy Martyrs of Japan Church – 167 Essa Street, Bradford

Monday, March 20 to Friday, March 24, 2023 from 4-6 PM

Monday, March 27 to Friday, March 31, 2023 from 4-6 PM

Please Register at:

<https://www.eventbrite.ca/e/first-reconciliation-confession-march-2023-tickets-472884980707>

First Communion Masses

At Holy Martyrs of Japan Church – 167 Essa Street, Bradford

The dates and times were chosen by a lottery.

Saturday, May 13, 2023	10:30 AM	St. Charles - A
	12:30 PM	St. Charles - B
	2:30 PM	St. Teresa of Calcutta
Saturday, May 27, 2023	10:30 AM	St. Marie of the Incarnation - A
	12:30 PM	St. Marie of the Incarnation - B
	2:30 PM	St. Jean de Brebeuf
Saturday, June 3, 2023	10:30 AM	St. Angela Merici – A
	2:30 PM	St. Angela Merici B
Saturday, June 10, 2023	2:30 PM	Public, Private, and other schools

If the dates for your school do not work, you can request an alternate date from Father John at jpak@archtoronto.org.

More details regarding preparations will be given out after registrations.

God bless!

Rev. John Pak
Pastor



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First Holy Communion Registration Form

Please complete this form and return it to the parish
(PLEASE PRINT)

Child's Information

Full legal name of child:

First Name

Middle Name(s)

Last Name

Male Female Date of Birth: _____ City of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Address of Baptismal Church: _____

School: _____ Grade: _____

Parent's Information

Mother (Full legal name & Maiden Name):

First Name

Middle Name(s)

Last Name

(Maiden Name)

Religion: Roman Catholic Other: _____ None

Present Address: _____
Street City Postal Code

Phone: _____ Email: _____

I am a parent of, or have legal custody of the child.

Father (Full legal name):

First Name

Middle Name(s)

Last Name

Religion: Roman Catholic Other: _____ None

Present Address: Same as mother's
Street City Postal Code

Phone: _____ Email: _____

I am a parent of, or have legal custody of the child.

Declaration

I, the undersigned, declare that the information on this form is true and accurate.

Name (PLEASE PRINT): _____

Signature: _____ Date: _____