

St. Anthony's Parish
5340-4 Street SW
Calgary AB T2V 0Z5

Tel.: 403-608-4355 Fax: 403-255-7796

Email: youthministry@stanthonyscalgary.com www.stanthonyscalgary.com



**First Communion - Sunday, May 7, 2017 at 10:30 am Mass
Sacramental Registration Form**

Please complete the following information about your family for your child who is receiving First Communion this year. If your child was not baptized at St. Anthony's; **we will need a copy** of his or her baptismal certificate. Please request one from the parish where they were baptized or provide a copy to the Faith Formation Office. Please call 403-252-1137 with any questions. Please, return this form to the Parish Office by **January 31, 2017**

Family Email Address: _____ Tel.: _____

Child's Last Name First, Middle: _____
Last, First Middle

City of Birth: _____ First Reconciliation: Yes/No

Date of Birth: _____

Church of Baptism: _____
Parish Name and address: City, Prov.

Date of Baptism: _____ Registration fee: \$25 _____

Mailing Address: _____ Registered in the Parish: _____

Street, City, Province, Postal Code

Mother's Maiden Name: _____

First Middle

Father's Last Name: _____

First Middle

School attending: _____

Date: _____

Signature: _____
Parent/Guardian