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 Reconciliation - Saturday, December 3, 2016 at 11:00 am
Sacramental Registration Form

Please complete the following information about your family for your child who is receiving **First Reconciliation** 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 **October 17, 2016**

Family Email Address: _____ Tel.: _____

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

City of Birth: _____

Date of Birth: _____ First Eucharist: Yes/No

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