

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, March 10, 2018 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 **December 15, 2017**

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