

**FIRST RECONCILIATION REGISTRATION**  
**Please print clearly**

Child's Full Legal Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Church of Baptism: \_\_\_\_\_

Address of Church of Baptism: \_\_\_\_\_

Church of First Eucharist: \_\_\_\_\_

Father: Name \_\_\_\_\_ Surname: \_\_\_\_\_

Religion \_\_\_\_\_ Lives with child: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother: Name \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Religion \_\_\_\_\_ Lives with child: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

We attend Mass at St. Mary's Yes \_\_\_\_\_ No \_\_\_\_\_

We are registered with the Parish Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of registering parent Date

***A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE  
MUST ACCOMPANY THIS REGISTRATION***

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Office Use Only: Registration fee received: cash \_\_\_\_\_ cheque \_\_\_\_\_  
Baptismal Certificate attached \_\_\_\_\_ workbook given to parent \_\_\_\_\_

PF accurate \_\_\_\_\_