



# St. Thomas More Catholic Parish

210 Haddow Close, Edmonton, AB T6R 2P3 | Tel: 780-434-6313 | Fax: 780-438-2088

<https://stm.caedm.ca/sacraments/>

## Sacraments of First Reconciliation and First Eucharist Registration Form

**\*\*A copy of the child's Baptismal Certificate must be provided at the time of registration.**

### **CANDIDATE INFORMATION** (Legal Name as it appears on Birth Certificate)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (dd.mm.yyyy): \_\_\_\_\_  Male  Female

Place of Birth (City, Province, Country): \_\_\_\_\_

Is Child Baptized Catholic?  No  Yes Other denomination?  No  Yes

Baptism Date (dd.mm.yyyy): \_\_\_\_\_

Place of Baptism (Parish Name and City): \_\_\_\_\_

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

### **PARENT INFORMATION**

Father's Legal Name (Last, First, Middle): \_\_\_\_\_

Mother's (Maiden Last Name, First, Middle): \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

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

Father's Phone Number: \_\_\_\_\_ Mother's Phone Number: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Parish Office**

Resource fee \$30

Received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  Cheque  Cash  Other