

The Catholic Parish of Corpus Christi
2707 34 Street NW, Edmonton, Alberta, T6T 1P5 Ph.780.466.7576

Registration for First Reconciliation & First Holy Eucharist

Please register my child for: *(Please check one or both.)*

☐ **First Reconciliation** ☐ **First Holy Eucharist**

Child's Surname: _____ Child's Given Names: _____ ☐ Male ☐ Female

Child's Preferred Name (for name tag): _____ School: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City Province

Father's Legal Name: _____ Cell #: _____
First Name & Surname

Mother's Legal Name: _____ Maiden Name: _____ Cell #: _____
First Name & Surname (Surname)

Home Phone: _____ e-mail: _____
Please Print Clearly

Home Address: _____ Postal Code: _____

BAPTISMAL INFORMATION

Please attach a copy of your child's Baptismal Certificate.

Date of Baptism: _____ Name of the Church: _____
Month/Day/Year

Place: _____
City / Province / Country

RECONCILIATION INFORMATION

Please complete only if your child has already received the Sacrament of Reconciliation, and attach a copy of your child's Reconciliation Certificate.

Date of First Reconciliation: _____ Parish: _____
Month/Day/Year

CHOICE FOR FIRST RECONCILIATION: (Select one.)

Friday at 5:00 pm

Saturday at 10:00 am

MASS CHOSEN FOR FIRST EUCHARIST CELEBRATION: (Select one.)

Saturday at 4:30 pm

Sunday at 11:30 am

PARENTS' NAMES: Please Print Clearly

Father

Signature

Date (M/D/Y)

Mother

Signature

Date (M/D/Y)

FOR OFFICE USE ONLY:

First Reconciliation (date/time): _____ First Eucharist (date+time): _____

Money Received: ☐ Cash ☐ Cheque Amount \$ _____ Date _____ Initial _____

☐ Cash ☐ Cheque Amount \$ _____ Date _____ Initial _____

Book(s) Provided: ☐ First Reconciliation Workbook Date _____ Initial _____

☐ First Eucharist Workbook Date _____ Initial _____