

# First Reconciliation and First Communion Form

Date: \_\_\_\_\_



## HOLY TRINITY CATHOLIC CHURCH

200 Boundary Road  
 Box 3220  
 Spruce Grove, ABT7X 3A5  
 Office: (780)960-0135  
 Fax: (780)962-2197  
 E-mail Pam at: psteil@trinitycatholic.net

**A copy of the Baptism Certificate is required at the time of registration.**

**PLEASE PRINT CLEARLY**

**Name of Child:** \_\_\_\_\_ **M** **F**  
Last Name Given Name(s)

**Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_ Province: \_\_\_\_\_  
Date (dd/mmm/yy) City/Town

**Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Church: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Date (dd/mmm/yy)

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

**Please Note:** If yours child does not attend a Catholic School he/she should be enrolled in the parish Wednesday Evening Catechism program. This program supplements the religious program that is given in Catholic Schools from Kindergarten to Grade 6.

**Father's Name:** \_\_\_\_\_ Religion: \_\_\_\_\_  
Last Name Given Name(s)

**Mother's Name:** \_\_\_\_\_ Religion: \_\_\_\_\_  
Maiden Name Given Name(s)

**Home Address:** \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street Address

**Email(s):** **Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**For Office Use Only:**

Baptismal Certificate: **Y / N**

1<sup>st</sup> Reconciliation Prep Meeting: **Y / N**

1<sup>st</sup> Reconciliation Celebration: **Y / N** **Date:** \_\_\_\_\_

1<sup>st</sup> Communion Prep Meeting: **Y / N**

1<sup>st</sup> Communion Interview **Date:** \_\_\_\_\_

1<sup>st</sup> Communion Celebration: **5pm Sat / 11am Sun, Date:** \_\_\_\_\_