

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 the Office: holytrinity.sg@caedm.ca

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:** _____
Date (dd-mmm-yy) City/Town Province

Baptism: _____
Date (dd-mmm-yy) Name of Church City/Town Province

School Attending: _____ **Grade:** _____

Please Note: If your children do not attend a Catholic school, we recommend that they attend our Catechism program which runs for the duration of the school year. Please contact the office for more information.

Father's Name: _____
Last Name Given Name(s) Religion

Mother's Name: _____
Maiden Name Given Name(s) Religion

Marriage: _____
Date (dd-mmm-yy) Place of Marriage (Parish, City)

Home Address: _____
Street Address City/Town Province Postal Code

Email(s): **Mother** _____ **Father** _____

Phone: Cell: _____ Cell: _____
Home: _____ Home: _____
Work: _____ Work: _____