

SACRAMENT OF First Reconciliation & First Eucharist

Corpus Christi Roman Catholic Church

Grade 2 & older

DATE _____

Please print clearly

Registrations Close Sept. 12, 2021

Child's Last Name: _____

(Note: As stated on Certificate of Baptism)

Child's First Name: _____

Child's Middle Name(s): _____

Date of Birth: _____ Place of Birth _____

Male Female Age: _____ School _____ Grade in 2019 _____

Child's Family Address, City, Postal Code

Child's Baptism Information:

Date _____ Church _____ City, Country _____

Parish Registration form attached – (Must be completed yearly) YES NO

Baptism Certificate attached YES NO (if not, please email)

Does your child have any special learning or health problems we need to know about?

No _____ Yes _____ (Please Specify) _____

Parent's E-Mail addresses: _____

Father's FULL legal name:

_____ Religion _____
Last All Given Name(s)

Mother's FULL legal name: _____ **Mother's Maiden Name:** _____

_____ Religion _____
Last All Given Name(s)

✓ **Marital Status:** Married Separated Divorced Common-law Single Widowed

Telephone: _____
Home Father's cell or work Mother's cell or work

For Office Use Only

RECEIVED BY: _____

Roman Catholic Baptism Certificate? (YES / NO)

Registration Fee \$ 25.00 _____

Cheque Number _____ Cash _____

Intake Date _____

S:\Religious Education\Sacraments\Registration\New First Reconciliation & First Eucharist Registration