

# SACRAMENT OF First Reconciliation & First Eucharist

Corpus Christi Roman Catholic Church

Grade 2 & older

DATE \_\_\_\_\_

*Please print clearly*

**Registrations Close Sept. 9, 2024**

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 Sept. 2024 \_\_\_\_\_

**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 asap)

*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 \$50.00**  Y  N

Cheque Number \_\_\_\_\_

Cash \_\_\_\_\_

**Intake Date** \_\_\_\_\_

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