



**OUR LADY OF THE ANGELS PARISH**

**10004 - 101 Street**

**Fort Saskatchewan AB, T8L 1V9**

## **RECONCILIATION REGISTRATION FORM**

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

*Correct spelling of all names is very important*

**Child's Name:**

M\_\_\_ F\_\_\_

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Given Name(s)

**Birth:**

**Place of Birth:**

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

**Father's Name:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Given Name(s)

\_\_\_\_\_  
Religion

**Mother's Name:**

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Given Name(s)

\_\_\_\_\_  
Religion

**Baptism:**

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

**Home Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**Email(s)**

Mother

Father

**Phone Number(s)**

Mother

Father

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

\_\_\_\_\_  
Cell

I request to have my child make their First Reconciliation according to the Rite of the Roman Catholic Church and accept the responsibility of raising him/her in the Faith. This includes attending the preparation sessions, and includes attending Mass regularly in order for my child to develop the knowledge and love of God and their Christian faith so that they can show the world the love of God in their words and actions.

Signature : \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian

\_\_\_\_\_  
Date