



OUR LADY OF THE ANGELS PARISH

10004 - 101 Street

Fort Saskatchewan AB, T8L 1V9

FIRST EUCHARIST 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

Has the child received First Reconciliation? Y___ N___

I request to have my child make their First Eucharist 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