



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

Home

Work

Cell

Father

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