



**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)** (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Mother

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Father

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**