

Fee (\$35) paid: ____

**First Communion and First Reconciliation
Assumption and Resurrection Parishes
2019-2020**

Offices located at 10555-50 A Street, Edmonton T6A 2C8

Office phone: 780-468-4071

Email: Nora.Parker@caedm.ca

A copy of your child's Baptism Certificate is required at the time of registration.

- Are you registering your child for First Reconciliation (First Confession)? ____
- Are you registering your child for First Communion? ____

GENERAL INFORMATION

Last name: _____ First Name: _____

Birthdate: _____ Male: ____ Female: ____

Mother: _____ Father: _____
(Last name) (First name) (Last name) (First name)

Home Address: _____

Email Address: _____

Phone Number(s): Mother: _____ Father: _____

Child's Baptism: _____ Church: _____ City: _____ Province: _____
Date: (mm/dd/yy)

Name of Church you currently attend: Assumption: ____ Resurrection: ____
If another, please name: _____

Name of School your child currently attends: _____ Grade: _____

PERMISSION:

I give my permission for _____ to receive the Sacraments of Reconciliation and First Communion.

Signature of parent/guardian: _____