

Fee (\$40.00) paid: \_\_\_\_

## **First Communion and First Reconciliation Assumption and Resurrection Parishes 2024-25**

Offices located at 10555-50 A Street, Edmonton T6A 2C8  
Office phone: 780-468-4071

**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)? \_\_\_\_  
**Note:** First Communion cannot be received until after your child receives the Sacrament of First Confession/First Reconciliation
- Are you registering your child for First Communion? \_\_\_\_

**GENERAL INFORMATION: please print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Birthdate: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Child's Baptism: \_\_\_\_\_ Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Date: (dd/mm/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: \_\_\_\_\_