

**FIRST RECONCILIATION/ FIRST COMMUNION REGISTRATION FORM**  
**St. Agnes/St. Anthony's Parishes**

Name of Candidate: _____ <input type="checkbox"/> M <input type="checkbox"/> F			
Last Name	Given Name(s)		
Birth: _____	Place of Birth: _____	Age at Reconciliation: _____	
Date (D/M/Y)	City/Town	Province	
Father's name: _____			
Last Name	Given Name(s)	Religion	
Mother's Name: _____			
Maiden Name	Given Name(s)	Religion	
Baptism: _____			
Date [D/M/Y]	Name of Church	City/Town	Province
<b>A COPY OF YOUR BAPTISM CERTIFICATE IS REQUIRED AT THE TIME OF REGISTRATION.</b>			
Home Address: _____			
Street Address	City/Town	Province	Postal Code
<b>Email :</b>			
Phone Number (home): _____		Phone Number (work): _____ <input type="checkbox"/> mother <input type="checkbox"/> father	
Parish Attending: _____		Date of registration (D/M/Y): _____	
Name of School attended by your child: _____			Grade: _____
Signature of Parents _____ & _____			
Father		Mother	

<p><b>Please Note: Your child must receive First Reconciliation before First Communion</b></p> <p>We also require a copy of your child's Baptismal Certificate before the completion of these Classes. With your permission, the parish would like to post pictures of your child celebrating his/her Sacrament(s) on our Sacramental Board. Please sign if you give your permission.</p> <p>Signature _____</p>
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