

# **HOLY CROSS PARISH**



## **Sacrament Registration: First Reconciliation**

**DATE:** \_\_\_\_\_

**Full name of Candidate:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

**Place of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Church and City of Baptism:** \_\_\_\_\_ **Date of Baptism:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

**Current Parish:** \_\_\_\_\_

\*\*\*\*\* If candidate was baptized in a church other than Holy Cross;  
A copy of the baptism certificate **must** be supplied at the time of registration. \*\*\*\*\*

### **Father:**

Name: \_\_\_\_\_

Faith: \_\_\_\_\_ Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Address/Postal Code: \_\_\_\_\_

### **Mother:**

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Faith: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address/Postal Code: \_\_\_\_\_

Married: Yes \_\_\_\_\_ Church of marriage \_\_\_\_\_

Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Common law \_\_\_\_\_

Office Use:  
\$30 Fee Paid: \_\_\_\_\_

**Please ensure that your child's legal name is written on this form, as it is to appear in our official records.**

**Please return to the office with the fee.**