

# 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.