

St. James Parish Registration Form

Sacrament of First Reconciliation - 2020



RECONCILIATION

CHILD INFORMATION

_____ M / F Roman Catholic
 Last Name First Name

____ / ____ / ____ _____
 Date of Birth (M/D/Y) Age Grade School

 Church of Baptism Town/City/Country

Child lives with:
 Both Parents
 Father
 Mother

Has received the Sacrament of Holy Communion

PARENT INFORMATION

FATHER

MOTHER

 Last Name First Name

Religion: Roman Catholic Other: _____

 Last Name (if different) First Name

Religion: Roman Catholic Other: _____

CONTACT INFORMATION

Address (where the child resides)

Town / City

Postal Code

Phone: Home

Phone: Mobile

Email Address(es) – used for communication before/during sessions (ex: session changes, reminders, etc...)

Registered Parishioners at: St. James Okotoks St. Michael's Black Diamond Not registered – form attached

I COMMIT TO PREPARING MY CHILD FOR HIS/HER FIRST RECONCILIATION _____
Signature of Parent/Guardian

FOR ST. JAMES PARISH OFFICE USE ONLY

Parish Registration Complete Form Attached Registration Fee (\$25) _____
 Baptismal Certificate On file Copy Attached Will bring in: Received - _____

Questions or concerns: Please contact us at 403.938.3122