

St. Edward's Parish, Duncan, B.C.



Date Received _____

** PLEASE PRINT CLEARLY*

Child's name: Given _____

Middle _____

Surname _____

Date of birth: Day () Month () Year () Age ()

Place of birth: _____

Attending Queen of Angels () Other _____ Grade _____

Parent's Names: Father: _____ Mother: _____

Surname: _____ Mother's Maiden Name: _____

Address: _____ City: _____

Postal Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Has your child received:	YES	NO
Baptism	()	()
First Communion	()	()
Confirmation	()	()
First Reconciliation	()	()

*****If your child is already Baptized please include a copy of her/his Baptism certificate.**

Registration fees: Paid () Not Paid () Received ()