



HOLY CROSS PARISH

DATE: _____

Sacrament Registration: First Reconciliation

Date of Birth: ____/____/____
(Day) (Month) (Year)

Full name of Candidate: _____

Parents email address: _____

School: _____ Grade: _____

Church and City of Baptism: _____

Intended Dates of Classes: _____

Date of Baptism: _____ 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: _____

Address/Postal Code: _____

Mother:

Name: _____

Maiden Name: _____ Faith: _____

Phone # Home: _____ Work: _____

Address/Postal Code: _____

Office Use:
\$30 Fee Paid: ____

Please ensure that your child's name is written on this form as you wish it is on their Certificate.
Please return to the office with the fee.