

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. Revised Aug 18 2023