



Sacrament Registration  
St. Mary's Cathedral Parish

2017-2018

Child's Full Name: \_\_\_\_\_  
(surname) (given) (middle)

Child's Date of Birth: \_\_\_\_\_ Child's Age (at start of school year) \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father: \_\_\_\_\_  
(surname) (given) (middle)

Mother: \_\_\_\_\_  
(surname) (given) (middle) (Maiden)

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/s Email: \_\_\_\_\_

**A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE MUST BE ATTACHED.**  
**\*PLEASE SCAN AND EMAIL THIS FORM TO OUR SACRAMENT COORDINATOR OR**  
**DROP OFF AT THE PARISH OFFICE – 219 18 Avenue SW**

Please register my child to receive the sacrament of:

- First Communion  
 First Reconciliation  
 Confirmation

Permission to publish child's name in Parish Bulletin: yes no parent initial: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please contact Allison our Sacrament Coordinator at:

allison@stmaryscalgary.com or 403-228-4170 x228