



Sacrament Registration
St. Mary's Cathedral Parish
2016-2017

You can place it in the collection basket at Mass or return it to the
Parish Office.

Please complete one form per child as soon as possible.

Child's Full Name: _____
(surname) *(given)* *(middle)*

Child's School: _____ Grade: _____

Child's Date of Birth: _____

Father: _____
(surname) *(given)* *(middle)*

Mother: _____
(maiden surname) *(given)* *(middle)*

Address: _____

Postal Code: _____

Home Phone: _____

Parent Email: _____

**A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE MUST
BE ATTACHED.**

Allison Charlton

allison@stmaryscalgary.com OR 403-228-4170

IF YOU REQUIRE ASSISTANCE OR INFORMATION.

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: _____