



St. Theresa's Roman Catholic Parish
7508 29 Avenue, Edmonton, AB T6K 3Y8
Phone: 780-463-8646 Fax: 780-450-2431
Website: www.strcp.com

First Eucharist Registration Form

Date Today: _____

Child's Last Name: _____ Male Female

Child's Given Name(s): _____

Date of Birth: _____ Place of Birth: _____
City Province

Name of School Attended: _____ Grade: _____

Father's Name: _____ Religion: _____
Last Name First Name

Mother's Name: _____ Religion: _____
Last Name at Birth First Name

Home Phone: _____ Work Phone or Cellphone: _____

Home Address: _____ Postal Code: _____

BAPTISMAL INFORMATION:

PLEASE ATTACH A COPY OF THE CHILD'S BAPTISM CERTIFICATE, **EVEN IF BAPTIZED**
AT ST. THERESA'S CATHOLIC PARISH

Date of Baptism: _____ Parish of Baptism: _____

Place of Baptism: _____

Date of First Reconciliation: _____ Name of the Church: _____

Parent's Name (Please Print)

Parent's Signature

First Eucharist Fee: \$20 (to help defray the cost of the program)

Received by: _____ Amount: _____ Cheque: _____ Cash: _____ Date: _____

Date of Celebration to choose

Sat. (_____) 5:30 p.m.
Date

Sun. (_____) 12:30 p.m.
Date