



St. Theresa's Roman Catholic Parish  
7508 29 Avenue, Edmonton, AB T6K 3Y8  
Phone: 780-463-8646 Fax: 780-450-2431  
Website: <https://sttheresa.caedm.ca>

## First Reconciliation 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 baptismal certificate. Registration will not be accepted or considered complete until a copy of your child's baptismal certificate is attached to this form. This includes those who were baptized at St. Theresa's Parish.

Date of Baptism: \_\_\_\_\_ Parish of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name (PLEASE PRINT)

\_\_\_\_\_  
Parent's Signature

Donation: \$20 (to help defray the cost of the program)

Received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Cheque: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_

### *For office use only:*

Date of Celebration: \_\_\_\_\_ Time: \_\_\_\_\_