



**OUR LADY OF THE ASSUMPTION PARISH
SYLVAN LAKE – ALBERTA – CANADA**

Street Address: 5033 – 47A Avenue * Sylvan Lake, Alberta
Mailing Address: 5033 – 47A Avenue * Sylvan Lake, AB * T4S 1G8



Phone: 403-887-2398 • Email: ourloa.sylvan@caedm.ca • Website: www.assumption-sylvanlake.caedm.ca

FIRST COMMUNION & RECONCILIATION REGISTRATION FOR YEAR _____

PLEASE, FILL OUT CLEARLY

INFORMATION ABOUT CHILD

Last name							
First name					Middle name:		
Gender	<input type="checkbox"/> Male			<input type="checkbox"/> Female			
Date of birth	Month		Day		Year		
School						Grade	
Church of Baptism							
Date of Baptism							
Address of Baptismal Church							

COPY OF YOUR CHILD'S BAPTISM CERTIFICATE IS REQUIRED. PLEASE, BRING TO PARISH OFFICE!

INFORMATION ABOUT PARENTS

	MOTHER	FATHER
Last name		
First name(s)		
Maiden name		Not applicable
Religion	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Roman Catholic
	Other:	Other:
Present Address		
	<input type="checkbox"/> I am a parent of the child	<input type="checkbox"/> I am a parent of the child
	<input type="checkbox"/> I have a legal custody of the child	<input type="checkbox"/> I have a legal custody of the child
Mobile phone		
Email address		

I, the undersigned, declare that the information on this form is true and accurate. By signing this form, I give permission for my child to receive First Holy Communion and First Reconciliation in Our Lady of the Assumption Church.

SIGN HERE



Print name

Signature

Date