

St. Anthony's Parish  
5340-4 Street SW  
Calgary AB T2V 0Z5

Tel.: 403-252-1137 Fax: 403-255-7796

Email: [sacrament.prep@stanthonyscalgary.com](mailto:sacrament.prep@stanthonyscalgary.com) [www.stanthonyscalgary.com](http://www.stanthonyscalgary.com)



**First Reconciliation and First Communion – Fall 2019/2020  
Sacramental Registration Form**

Please complete the following information about your family for your child who is receiving First Communion this year. If your child was not baptized at St. Anthony's; **we will need a copy of his or her baptismal certificate.** Please request one from the parish where they were baptized or provide a copy to the Faith Formation Office. Please call 403-252-1137 with any questions. Please, return this form to the Parish Office by **September 18, 2019**

**Family Email Address:** \_\_\_\_\_ Tel.: \_\_\_\_\_

**Child's Last Name First, Middle:** \_\_\_\_\_  
Last, First Middle

**City of Birth:** \_\_\_\_\_ First Reconciliation: Yes/No

**Date of Birth:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_  
Parish Name and address: City, Prov.

**Date of Baptism:** \_\_\_\_\_ Registration fee: \$50. \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ Registered in the Parish: \_\_\_\_\_

\_\_\_\_\_  
Street, City, Province, Postal Code

**Mother's Maiden Name:** \_\_\_\_\_  
\_\_\_\_\_  
First Middle

**Father's Last Name:** \_\_\_\_\_  
\_\_\_\_\_  
First Middle

School attending: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian