Our Lady of the Assumption, Sylvan Lake 1st Communion & 1st Reconciliation Registration 2019/2020

Please print legible (all information required)

Name of	Cilia:		
Data of I	Surname	First Name	Middle name (s)
Date of I	Birth: Day Month	Year	FM
Father:	Last name		
		Given Name	Religion
wiother:	Last name	Given Name	Religion
Address	·		
E-mail ad	Street	City/Town	Postal Code
Email ac	ldress:(Please print legi	ble)	
D •			
Primary	Phone #:	Cell:	Mother or Father
Was the	child baptized in the Roma	n Catholic Church? Yes	No
Baptism:	(Date)	Parish)	
Δα	copy of your child'	Parish) s baptism certifica	ate is required
	sopy or your orma		
	ild hantized in another Ch	ristian ecclesial (church) coi	mmunity? YesNo
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Vas the ch	mu baptizeu m another em		omination
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