Payment: \$40					
	Cash				
	Cheque				
	E-Transfer				

First Reconciliation and Holy Communion Form

HOLY TRINITY CATHOLIC CHURCH



200 Boundary Road Box 3220 Spruce Grove, ABT7X 3A5

Office: (780)960-0135 ext. 112 (Jeri Wilson)

E-mail: https://email.com

A copy of the Baptism Certificate is required at the time of registration, unless it was at Holy Trinity.

PLEASE PRINT CLEARLY

Name of Child	•					м□ғ□	
Name of Child:		Given Name(s)			*** [_] & [_]		
Birth:/_	/	Place of Birth:					
Date (dd/mmm/yy)			City/Town			Province	
Baptism:	<i></i>						
Date (dd	i/mmm/yy)	Name of Church	City/7	Town		Province	
School Attending:			Grade:				
education p information	provided in n, please co	evening Catechism pro a Catholic schools for ontact the parish offic	children from Kinde e at 780-960-0135.	-	_		
Father's Name	Last Name		Given Name(s)		Religion		
Mother's Nam					Kengion		
Middle Sidall	Maiden Nam		Given Name(s)		Religion		
Marriage:	_//_				-		
	(dd/mmm/yy)						
Father's							
	J.						
	Street Addres	SS		City/Town	Province	Postal Code	
Mother's							
	•						
	Street Address	ss		City/Town	Province	Postal Code	
Email(s): Moth	1er		Father _				