



SACRED HEART CHURCH

REGISTRATION FOR 2016 - 2017 SACRAMENT OF

1307 – 14th Street SW. Calgary,
Alberta T3C 1C6
Telephone: 403-244-2741
Email:
secretaries@sacredheartcalgary.ca

First Holy Communion _____
Reconciliation _____
Confirmation _____

Part I: Personal Data:

Please print

Date of registration _____

Last name: _____

First Names in full: _____

Complete mailing address: _____

_____ Postal Code _____

Telephone: _____

Email address: _____

Birthdate (month by name, day, year): _____

Place of Birth (city/town, country): _____

Father's last name and all given names: _____

Mother's maiden name and all given names: _____

Church and Town of parents' marriage: _____

Church and Town of First Holy Eucharist: _____

***FOR CONFIRMATION:** Chosen sponsor full given name(s): First _____

Middle _____ Last _____

***FOR CONFIRMATION:** Saint's name _____

Part II: Baptismal Data **Part I: Personal Data: Please print**

Date of registration _____

Last name: _____

First Names in full: _____

Complete mailing address: _____

_____ Postal Code _____