



SACRED HEART CHURCH

REGISTRATION FOR 2018 SACRAMENT OF

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

First Holy Communion _____
Reconciliation _____
Confirmation _____

Personal Information -Please print

Date of registration: _____

Candidate's last name: _____

Candidate's first name: _____

Complete mailing address: _____

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:** Sponsor's name:

First name: _____

Last name: _____

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

**PLEASE ATTACH A COPY OF THE BAPTISMAL CERTIFICATE, WITH
THIS REGISTRATION, FOR ALL THE SACRAMENTS**