

**Sacred heart cathedral**

406 Steele Street, Whitehorse (YT), Y1A 2C8

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 **Email:** office@sacredheartcathedral.ca or office@sacredheartcathedral.ca

**Web:** www.sacredheartcathedral.ca

 **FIRST RECONCILIATION & FIRST COMMUNION**

 **REGISTRATION FORM**

***PLEASE PRINT WHEN FILLING OUT THIS FORM***

**PLEASE NOTE**: This registration can be only accepted and processed only if accompanied by a photocopy of your child’s **BAPTISMAL CERTIFICATE.**

**The children cannot prepare for the Fist Holy Communion if they did not first prepare for and celebrate their first Reconciliation. The two sacraments go together.**

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| **Part 1. Child’s Information**  |
| **Full name:** |
| **Date of birth:** | **Place of birth:**  |
| **Child’s School:**  |  |
| **Mother’s first and maiden name:**  |
| **Mother’s religion:** |
| **Father’s full name:** |
| **Father’s religion:** |
| **Parents’ Address:** |
| **Phone number(s):** | **Email:** |
| **How long have you been attending mass at this church?** |
| **Have you had other children baptized at this church?** |
| **□ Sacramental Marriage or □ Civil Marriage**  |
| **Date of marriage:** | **Place of marriage:** |
| **NAME AND ADDRESS OF CHURCH WHERE YOUR CHILD WAS BAPTIZED** |
| **PLACE OF BAPTISM: (***Parish/Mission, City/Town and Territory/Province, Country)***:** |
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***PARISH OFFICE NOTES:***