

Office Use Only

Baptism Certificate: \_\_\_\_\_ First Reconciliation Date: \_\_\_\_\_ Certificate Issued: \_\_\_\_\_  
First Eucharist Date: \_\_\_\_\_ Certificate Issued: \_\_\_\_\_  
Entered in Communion Register: \_\_\_\_\_

**ST. MARTIN OF TOURS ROMAN CATHOLIC PARISH**

**PHONE: 780-632-3272; FAX 780-632-3303**

**Email: [StMartinTours.Vegreville@caedm.ca](mailto:StMartinTours.Vegreville@caedm.ca)**

**First Reconciliation and First Eucharist Registration Form**

Child's Full Name \_\_\_\_\_ Gender:  M  F

Child's School \_\_\_\_\_

Child's Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Place of Baptism and Address: \_\_\_\_\_

(Your child's Baptism Certificate is required unless the child has been baptized at St. Martin of Tours in Vegreville, Holy Heart of Mary in Viking or St. Gregory the Great in Holden)

Father's Full Name: \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Phone Number(s): \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's MAIDEN Full Name: \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Phone Number(s): \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Mother's Religion: \_\_\_\_\_