## St. Mary's Catholic Parish

6 McMillan Ave,

First Communion & First Reconciliation Registration Form

Red Deer, AB, T4N 5X8 Phone: 403-347-3114		Email: Greer.McIvor@caedm.ca Phone: 403-347-3114 Ext 4				
Name of Child:	Last Name		First Name		Middl	le Name(s)
Birth Date: Date	te: (dd/mmm/yy)  Place of Birth:		(City, Provinc	(City, Province/State, Country		Sex M F
Baptism Date: Date	: (dd/mmm/yy)	Place of Baptis	<b>m:</b> (Parish)			Copy of BC:
Father:	Last Name		Given Nam	re(s)	Relig	ion
Mother:	<b>Maiden</b> Name	)	Given Nam	ne(s)	Relig	ion
Home Address:	Street Address	3	City/Tov	wn	Province	Postal Code
Contact Information Mother:		Cel	l		Email	
Father:	Home	Cell	I		Email	
Name of School:				City/Town	)	Grade
Was your child baptized into another Christian ecclesial community?  If Yes:  Denomination						
Permission of Parents for a child under the age of 14:						
Father		l		Mother		

**Contact: Greer McIvor** 

Registration fee is \$40.00 per child.

Please click <u>HERE</u> access the PIPA form