FIRST RECONCILIATION REGISTRATION

St. John the Evangelist Parish

Please complete this form and place it in the "FORMS TO GO TO OFFICE" folder on the back table. Attach a recent picture of your child and $10.00 fee. Thank you.

Child: _____
First Name Middle Name Surname

Father:_____

Mother: _____

Address: _____
Street City/Province Postal code

Phone #: _____ Email:_____

School Child Attends:_____Grade:_____Room#_____

Parents signature_____ Today's date_____

Date and Place of Baptism_____

Date and Place of First Communion_____

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For Office use only:

Picture:_____ $10.00 Registration Fee_____

Date Sacrament received:_____

Entered:_____ Date:_____