

St. Patrick Catholic Church

Pastor: Fr. Marek Pisarek OMI
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1st Reconciliation Preparation Registration

Child's Given Names (Please print clearly)

First Name	Middle Name(s)	Last Name
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Male _____ Female _____

Date of Birth: D/ _____ M/ _____ Y/ _____

Date of Baptism: _____ Place of Baptism: _____

Church

Province

Parent (Guardian) Information:

Father's name:

(First) _____ (Middle) _____ (Last) _____ Religion _____

Address: _____ City: _____ X1A _____

Tel: (Home) _____ (Work) _____ (Cell) _____

Father's email address: _____

Mother's name:

(First) _____ (Middle) _____ (Maiden) _____ Religion _____

(Surname being used) _____

Address: _____ City: _____ X1A _____

Tel: (Home) _____ Work) _____ (Cell) _____

Mother's email address: _____

Child lives with: Both parents _____ One parent _____ Other _____

School child attending: _____ Grade: _____

Is the family registered with St. Patrick Parish? ___ yes ___ no

Parent Signatures: _____ & _____

For office use only: Baptismal Cert. _____ 1st Communion Cert. _____

Certificate Prepared _____ Entered into Church Register _____