St. Anthony's Parish
5340-4 Street SW
Calgary AB T2V 0Z5

Tel: 403-252-1137 Fax: 403-255-7796

Email: officeassistant@stanthonyscalgary.com www.stanthonyscalgary.com

First Communion - Sunday, June 7 at 12:30 pm Latin Mass

Preparation Classes: Sundays, Meeting Room 1, 2:00 – 3:30
February 23, March 1, 8, 15, 22, 29, April 26, May 10, 17, 24, 31

Child's Name: _____
Last First Middle

Date of Birth: _____ First Reconciliation: Yes / No

Place of Birth: _____

Church of Baptism: _____
Parish Name and address street, City, Prov.

Date of Baptism: _____

Copy of Baptism Certificate attached: yes / no (please request from church of Baptism)

School Attending: _____

Father's Last Name: _____
Last First Middle

Mother's Maiden Name: _____
Last First Middle

Family Mailing Address: _____
street

_____
city Province Postal Code

Family Email Address: _____ Tel.: _____

Registered in _____**Parish**

Date: _____ **Signature:** _____
Parent/Guardian

Please, return this form by email or deliver to the Parish Office by Feb 20, 2020