



ST. ANTHONY'S CATHOLIC CHURCH

Request for FIRST RECONCILIATION

Request for FIRST EUCHARIST

CHILD'S NAME: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH: MONTH/DAY/YEAR	PLACE OF BIRTH: CITY/COUNTRY
CHURCH OF BAPTISM: PARISH NAME/CITY/COUNTRY	DATE OF BAPTISM: MONTH/DAY/YEAR
FATHERS NAME: SURNAME	GIVEN NAMES:
MOTHER'S NAME: SURNAME/MAIDEN NAME	GIVEN NAMES:
CONTACT INFORMATION: NAME & ADDRESS	EMAIL/CELL PHONE:
FATHER'S SIGNATURE & DATE:	MOTHER'S SIGNATURE & DATE:

PLEASE PROVIDE A COPY OF THE CHILD'S BAPTISM CERTIFICATE

St. Anthony's Church
5340 4th St. SW, Calgary, AB T2V 0Z5



403 -252-1137
403-255-7796



www.stanthonysyc.ca
St. Anthony's Catholic Parish

Pastor: Fr. Edmund Vargas



587-349-9615



403-874-2015
efvargas@shaw.ca