QUEEN OF ALL SAINTS PARISH SACRAMENT OF RECONCILIATION (FIRST PENANCE) REGISTRATION SHEET

Child's name:	
Date of birth:	
Father's name:	
Mother's name:	Maiden name:
Address:	
City:	Postal Code:
Home phone:	Cell phone:
E-mail:	
Church attending:	
BAPTIS	SMAL INFORMATION
Baptized where?	
City:	Baptism date:
_	eed in the faith community of St. Augustine's, nce O'Toole, please provide a copy of the
SIGNATURE:	Date: