

**REGISTRATION FOR SACRAMENTAL PREPARATION FOR
RECONCILIATION AND EUCHARIST**

NAME OF CANDIDATE:	
DATE OF BIRTH:	
ADDRESS: (Street, City, Postal Code)	
TELEPHONE NUMBER: (Home, Cell, Work)	
EMAIL ADDRESS:	
FATHER'S NAME:	
MOTHER'S NAME:	
PARISH OF BAPTISM:	
SCHOOL ATTENDING	
GRADE:	

PLEASE PRINT OR TYPE. DO NOT WRITE

Signature of Parent or Guardian: _____

NOTE: If your child was not baptised at Christ the King, but will be preparing for the Sacraments of Reconciliation and Eucharist at this parish, please obtain a copy of their Baptismal Certificate and include it with your child's registration.

PLEASE RETURN BY: _____

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