



Rocky Mountain House



Evergreen



Caroline

ST. MATTHEW PARISH IN ROCKY MOUNTAIN HOUSE AND MISSIONS IN EVERGREEN AND CAROLINE

Administration Office: 5208 - 53 Avenue; Website: www.rocky.caedm.ca; Mailing Address: Box 130, Rocky Mountain House, AB, T4T 1A1
Call/text: Office 403-845-3457; Pastor 587-441-4364; Email: Office stmatthew.rmh@caedm.ca; Pastor rajesh.jesurajSAC@caedm.ca

REGISTRATION

CANDIDATES FOR THE RECEPTION OF FIRST COMMUNION - YEAR _____

Important: This is your official registration form. Please complete this registration form and attach a photocopy of your child's Baptism Certificate (if Baptism is not recorded at St. Matthew Parish). It is important for us to have accurate and complete information to begin this preparation. **Please write all names in full, just as they appear on birth certificates.**

Name of Child: _____
(Surname) (First Name) (Middle Name)

Date of Birth: _____ Age at First Communion: _____
(Day) (Month - by name) (Year)

Father's Name: _____
(Surname) (First Name) (Middle Name)

Mother's Name: _____
(Maiden Surname) (First Name) (Middle Name)

Home Address: _____ Email: _____

Postal Code: _____ Home Phone Number: _____

Father's Work / Cell Phone # : _____ Mother's Work / Cell Phone # : _____

Email address: _____

Was your child baptized in the Roman Catholic Church? _____

Date of child's Baptism: _____

Place of Baptism: _____
(Church)

(City / Town - full address)

If the child was baptized in a non-Catholic church, when and where did he/she make a Profession of Faith?

CATECHETICAL DETAILS:

Catholic School: _____ Grade: _____

Home Based Catechetical Program: _____ Grade: _____