

**Little Flower Parish**  
 420 College Ave.  
 Regina, Saskatchewan  
 S4N 0X2



Phone (306) 522-8583  
 Fax: (306) 522-8585  
 E-mail: littleflowerregina@sasktel.net

**REGISTRATION FOR THE RESTORED ORDER OF THE SACRAMENTS**

*CANDIDATE INFORMATION*

Name: \_\_\_\_\_  
Surname First Middle  
 (as stated on the Baptismal or the Birth Certificate)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

*If your child has celebrated any of the following sacraments please complete this information.*

Sacrament of Baptism  yes  no Parish \_\_\_\_\_ Date: \_\_\_\_\_

Sacrament of Eucharist  yes  no Parish \_\_\_\_\_ Date: \_\_\_\_\_

Sacrament of Reconciliation  yes  no Parish \_\_\_\_\_ Date: \_\_\_\_\_

Sacrament of Confirmation  no

*PARENT INFORMATION*

Father's Name \_\_\_\_\_  
Surname First Middle

Religion: \_\_\_\_\_ Parish the family attends \_\_\_\_\_

Email \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_  
Last (name at birth) First Middle

Mother's Present Name: \_\_\_\_\_  
Last First Middle

Religion: \_\_\_\_\_ Parish the family attends \_\_\_\_\_

Email \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: single / married / common-law / divorced (please underline one)

Date and Church of Marriage: \_\_\_\_\_

Registration Forms are to be returned at the First Preparation Session.

This information is required for the Parish Records.

**Please attach a photocopy of your child's Baptismal Certificate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_