**FOR OFFICE USE ONLY**

Application for:
First Holy Communion \_\_\_\_

Confirmation \_\_\_\_

RCIA/RCIA \_\_\_\_

**ST. JOSEPH CATHOLIC CHURCH**

**APPLICATION FOR RECEPTION OF SACRAMENTS**

**(PLEASE PRINT LEGIBLY AND COMPLETE ENTIRE FORM)**

**CERTIFICATE OF BAPTISM MUST BE ON FILE PRIOR TO RECEIVING SACRAMENTS.**

Name

 First Middle Last

Address

 Street/Apt

 City State/Zip Code

Phone Number ( ) Email

 Include area code

Date of Birth **Place of Birth**

 Month/Day/Year City/State

**WHAT AGE WILL YOU BE AT TIME OF RECEPTION OF SACRAMENT:**  Years Old

Place of Baptism

 Church Name

 Street/Apt

 City State/Zip Code

Father’s Name

 First Middle Last

Father’s Religion

Mother’s Name

 First Middle Last (Maiden)

Mother’s Religion

Were parents married by a Catholic priest? Yes No

Dates of Previous Sacraments Received:

Baptism Holy Communion Confirmation

 Month/Day/Year Month/Day/Year Month/Day/Year

**CONFIRMATION/RCIA/RCIC ONLY:**

Saint’s Name Sponsor’s Name

**NOTE**: If your sponsor is not a member of St. Joseph, we must have a “Letter of Good Standing”
 from the sponsor’s parish mailed directly to St. Joseph