

RCIA SACRAMENT APPLICATION/REGISTRATION

Please print. Fill in all information that applies to you.

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

E-mail address _____

Birthdate _____ City _____ State _____ Zip _____

Father's Full Name _____

Mother's Full Name (including maiden name) _____

Name of Church where baptized _____

Address of Church _____

City _____ State _____ Zip _____

Minister _____ Date of Baptism _____

If being baptized: Name of godparents _____

Confirmation name chosen (Keeping Baptismal name is suggested) _____

Name of Confirmation sponsor _____

Office use only

Sacrament(s) received _____ Date _____