R.C.I.A. REGISTRATION
St. Francis de Sales Parish

Please use FULL LEGAL NAMES. This information is needed for parish sacramental records.

Name_____
(Last) (First)

Email address_____**Phone #**_____

Date of Birth_____**City of Birth**_____
(Month) (Date) (Year)

Father's Name_____
(Last) (First)

Mother's Name_____
(Maiden) (First)

Date of Baptism**_____Church**_____

***Church Address**_____

Circle one: Single/never married single/widowed single/divorced married

Spouse's Name _____**Church**_____

Child (s) name(s) and age(s) _____

What Sacraments has the child(ren) received?_____

Home Address_____

Home Telephone _____

Sponsor's Name_____
(Last) (First)

Sponsor's Address_____

Phone Number _____**email**_____

Sponsor's Parish_____

Confirmation Name_____

Please attach the following when returning this application form:
1. A copy of your Baptismal Certificate, if you were Baptized.
2. A Sponsor Certificate. This can be obtained at the sponsor's parish.