



SAINT MARIA GORETTI PARISH
RCIA INFORMATION

Name: _____
First Name Middle Name Last Name

Sacraments you are preparing for:

_____ Baptism _____ Eucharist _____ Confirmation

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Place of Birth (City/State): _____

Sponsor(s) Name(s): _____

If already baptized:

Church Name: _____

Date: _____

Address: _____

(Need a copy of Baptismal Certificate)

Office Use Only:

Registered: YES NO Family DUID: _____

Notes: _____
