

RCIA Registration Form

Which Sacrament(s) are you requesting:

Baptism _____ Confirmation _____ 1st Communion _____ Reconciliation _____

Date _____

Name (First and Last) _____

Address-Street _____

City _____ State _____ Zip _____

Email Address _____

Cell Number _____

Date of Birth _____

Place of Birth (City & State) _____

Father's Name (first & last) _____

Religion of Father _____

Mother's Name (first & last) _____

Mothers Maiden Name _____

Religion of Mother _____

Were Parents Married by a Catholic Priest? _____

Are you married? _____

Have you been married before? _____

If married, were you married by a Catholic Priest? _____

Date of Baptism _____

Date of Confirmation & Holy Eucharist _____

Confirmation Name _____