

RCIA CLASS REGISTRATION

Name: _____

Address: _____

Phone Number: _____ **E-mail** _____

I wish to be baptized

Date of birth: ___/___/___

Place of birth: _____, _____

Father's Name: _____

Mother's Name (Maiden): _____

Godparent's name: _____

Parish of Godparent: _____

I a Baptized Christian and wish to be received into the Catholic Church

___ A copy of my Baptismal certificate is attached

___ I will provide a copy to the parish office as soon as possible

___ Unable to provide confirmation of Baptism, I seek conditional Baptism.

Date of birth: ___/___/___

Place of Birth _____, _____

Father's Name: _____

Mother's Name (Maiden): _____

Sponsor's Name: _____

Saint's Name: _____

I am an adult Catholic who wants to be Confirmed

___ A copy of my baptism Certificate is attached.

___ I will provide a copy to the parish office as soon as possible.

Date of birth: _____

Place of birth: _____, _____

Father's Name: _____

Mother's Name (Maiden): _____

Sponsor's name: _____

Saint's Name: _____

_____ ***None of the above: I am attending out of general interest.***