

RCIC Registration Form

Name of Child _____
First Middle Last

Date of Birth: _____ Place (city) of birth: _____

Baptized: no yes Denomination: _____

If yes please provide a copy of the baptismal certificate

Name of Church and city/town: _____

Sacraments needed: Baptism Reconciliation 1st Communion Confirmation

Parent information

Father's name: _____

Mother's name (maiden): _____

Address: _____ Postal Code: _____

Phone #: _____ Email: _____

Home Parish: St. Paul's St. Mary's other : _____

Sponsor Information *(can be filled out later)*

Sponsor's name: _____ Sponsor's religion: _____

Sponsor's phone #: _____ Sponsor's email: _____