



St. Patrick's RCIA REGISTRATION

Full Name _____

Last, First, Middle

Mailing Address _____

Address, City, State, Zip

Email Address _____

Home Phone _____ Cell _____

DOB _____ Place of Birth _____

Father's Name _____ Mother's Maiden Name _____

Have you been baptized? Yes No

If yes what denomination _____

Address of Church _____

Date of Baptism _____ *(Please provide copy of baptismal certificate.)*

If baptized Catholic what other sacraments received: _____

Name of Church Sacraments received _____

Sponsor name _____

Address _____ Phone _____

Email _____

(Please let Brian know if you need a sponsor.)

Which of these statements best describes why you are interested in the RCIA process:

_____ I want to know more about the Catholic Church.

_____ I think I want to become a Catholic.

What is your Faith Formation/Religious Education background?
