ST. JOHN THE EVANGELIST
CATHOLIC PARISH
REGISTRATION FOR R.C.I.A./R.C.I.T./R.C.I.C.

Rite of Christian Initiation as Adults (RCIA)/Teens (RCIT)/ Children (RCIC)

Please complete this form and place it in collection basket at mass or in the "FORMS TO GO TO OFFICE" folder on the back tables. Thank You.

NAME: _____
(First Name) (Middle Name) (Surname)

ADDRESS: _____
(Street Address) (City, Province) (Postal Code)

PHONE NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____
(Day/Month/Year)

PLACE OF BIRTH: _____
(City, Province)

FATHER'S NAME: _____
(First Name) (Middle Name) (Surname)

MOTHER'S NAME: _____
(First Name) (Middle Name) **(Surname)** **(Maiden Name)**

SACRAMENTS RECVD: BAPTISM _____ 1ST COMMUNION_____
RECONCILIATION_____ CONFIRMATION_____

IN WHAT FAITH _____COPY OF CERTIFICATES_____

_____

For Office Use Only:

DATE SACRAMENTS RECEIVED:_____

SPONSOR/GODPARENTS:_____

_____

POSTED: ___ CERTIFICATE: ___ BULLETIN ANNOUNCEMENT: ___ RECORDED: ___

FOLLOW UP LETTER: _____ (DATE)

(Pink)