

RCIA Registration Form

Name: _____

Address: _____

City/State _____ Zip Code _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Child(ren)'s Full Name	Age	Grade	Church of Baptism
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sacraments to be received:

Baptism _____

First Eucharist _____

Confirmation _____

Reconciliation _____

Best day and time available for meeting

Notes For Office Use Only: _____

If you have questions, please call the parish office – 937-228-1223

