Please attach the student's Baptismal Certificate.

SAINT PETER'S PARISH
RCIT
2019-2020

Angela.busby@stpetersolney.org
Fee: $25

Student information (please print clearly)

Participant's Name:_____ Birth date:____/____/____ Sex: M/F
First Last month date year

Address:_____
Street City State Zip

Home Phone:_____ Student's Cell:_____

Student's Email:_____

School:_____ Graduation Year:_____

Religion: _____ Place of Birth (city, state) _____

Sacramental Information:
Please **circle** the Sacraments you are seeking: Baptism Penance Eucharist Confirmation

If you have received any of these Sacraments already please provide us with the following information.

Baptism: please circle one Catholic Non-Catholic

Date: _____ Name of Priest/Minister: _____

Please submit a copy of the Baptismal Certificate with this application.

First Penance:
Date: _____ Name of Church: _____

First Communion:
Date: _____ Name of Church: _____

How many years of Religious Education has the student completed? _____

Parent Information

Mother's Name:_____
First **Maiden** Last

Home Phone:_____ Mobile Phone:_____

Religion:_____ Email: _____

Father's Name:_____
First Last

Home Phone:_____ Mobile Phone:_____

Religion:_____ Email: _____