

St. James Parish

Rite of Christian Initiation of Children

The information provided on this 3-page form will remain confidential. It will be used by your RCIC Team to contact you and the Parish Office Secretary for the preparation of your Sacramental Certificates (Baptism, First Communion and Confirmation).
Complete names are required please (ex: James, not Jim; Deborah, not Debbie)

CHILD INFORMATION

Last Name: _____ First: _____ Middle: _____
School: _____ Grade: _____ Age: _____
Date of Birth: _____ Place of Birth: _____ Male Female

PARENT INFORMATION

Father's Name: _____ Mother's Name: _____
Religion: Roman Catholic Other: _____ Mother's Maiden Name: _____
Religion: Roman Catholic Other: _____

Marriage Information (if applicable)

_____/_____/_____
Date (M / D / Y) Name of Church City / Town / Country

CONTACT INFORMATION

Address: _____ Phone: _____
City/Town: _____ Province: _____ Postal Code: _____
Email: _____

GODPARENT INFORMATION (CANNOT BE A PARENT)

Please note that at least one Godparent must be a practicing Catholic, 16 years of age or older, and has received all three Sacraments of Initiation (Baptism, Holy Communion and Confirmation)

Godfather: _____ Religion: _____
Godmother: _____ Religion: _____

REGISTERED PARISHIONERS AT: St. James Okotoks St. Michael's Black Diamond Not registered – form attached

COMMITMENT

I commit to prepare for the Sacraments of Baptism, Communion & Confirmation:

SIGNATURE OF CHILD

I commit to preparing my child for the Sacraments of Baptism, Communion & Confirmation:

PARENT/GUARDIAN SIGNATURE

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Tell us a little bit about your family... how long you've lived in Okotoks; hobbies; interests; etc...

Please share a little bit about where you are in your Faith and why you would like your child to be received in the Catholic Church.

As parent(s) I/we are interested in also becoming member(s) of the Catholic Church. Please share information regarding the RCIA program. Yes Please No Thanks

PARISH REGISTRATION

Please complete the following information if you are not a registered Parishioner with St. James or St. Michael's.

Which church do you attend? St. James, Okotoks St. Michael's, Black Diamond

Would you like Parish donation envelopes? Yes No

Father's Middle Name: _____ Date of birth (Y/M/D): ____ / ____ / ____

Occupation: _____ Bus/Cell Phone: _____

Sacraments received: Baptism 1st Communion Reconciliation Confirmation Marriage

Mother's Middle Name: _____ Date of birth (Y/M/D): ____ / ____ / ____

Occupation: _____ Bus/Cell Phone: _____

Sacraments received: Baptism 1st Communion Reconciliation Confirmation Marriage

DEPENDENT INFORMATION (please print additional pages if more space required)

Male Female First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ School: _____ Grade: ____
Year Month Day

Sacraments received: Baptism 1st Communion Reconciliation Confirmation

Male Female First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ School: _____ Grade: ____
Year Month Day

Sacraments received: Baptism 1st Communion Reconciliation Confirmation

Male Female First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ School: _____ Grade: ____
Year Month Day

Sacraments received: Baptism 1st Communion Reconciliation Confirmation

Male Female First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ School: _____ Grade: ____
Year Month Day

Sacraments received: Baptism 1st Communion Reconciliation Confirmation