



RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA) REGISTRATION FORM

- Fill out form if you are planning to attend RCIA whether or not you continue in it.
- Complete to the best of your knowledge and drop into mail slot next to the parish office door or by mailing it to the parish address, 827 Vienna St, San Francisco, CA 94112.
- Be sure to fold or put into an envelope so your privacy can be maintained.
- A member of the RCIA Team will contact you with further information.

| | | |
|---|-------------------|---|
| Name: _____ | Date: _____ | |
| Home Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Home phone: _____ | Cell phone: _____ | <input type="checkbox"/> Call <input type="checkbox"/> Text |
| Email: _____ | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married in Catholic Church <input type="checkbox"/> Married Civilly <input type="checkbox"/> Engaged | | |
| <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> With Live-In Partner | | |
| <input type="checkbox"/> Other please specify: _____ | | |

Check **all** that apply and complete information:

Seeking **Baptism**

| | | |
|-------------------------------|--------------|------------|
| Place & Date of Birth: _____ | | |
| Father's Name: _____ | | |
| Mother's Maiden Name: _____ | | |
| Sponsor's Name: _____ | | |
| Sponsor's Home Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |

Seeking **First Communion** and/or

Seeking **Confirmation**

| | | |
|---------------------------------|--------------|------------|
| Place & Date of Birth: _____ | | |
| Church & Date of Baptism: _____ | | |
| Father's Name: _____ | | |
| Mother's Maiden Name: _____ | | |
| Sponsor's Name: _____ | | |
| Sponsor's Home Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |