



SAINT JOSEPH CATHOLIC CHURCH
Rite of Christian Initiation of Adults
(RCIA)



REGISTRATION FORM

PLEASE PRINT CLEARLY

Date: _____

Name _____ D.O.B. _____ Age _____

Maiden Name _____ Married by Church yes or no (circle one)

Address _____ City & Zip _____ Home

Phone _____ Cell Phone _____

Work Phone _____ email _____

Father's Full Name _____ Mother's _____

Mother's Maiden Name _____

Are you a registered member of St. Joseph? ____ Yes ____ No. If, no what parish are you a registered member of? _____

I regularly attend the _____ am/pm Mass.

(Parish registration and weekly participation at Mass are required)

SACRAMENTS NEEDED: PLEASE circle the sacrament(s) that you need!

Baptism	1 st Eucharist	Confession	Confirmation	Matrimony	Profession of Faith
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A copy of birth certificate is required on file---A copy of baptismal certificate is required (if baptized)

SACRAMENTS ALREADY RECEIVED:

Sacrament	Church/Parish	City, State, Zip
Baptism		
Confirmation		
Confession		
1 st Eucharist		
Matrimony		

CHILDREN:

Name	Age	Baptized	Confirmed	1 st Eucharist
		Yes / No	Yes / No	Yes / No
		Yes / No	Yes / No	Yes / No
		Yes / No	Yes / No	Yes / No
		Yes / No	Yes / No	Yes / No

For Official Use Only

Baptized yes or no?

Copy of baptism certificate on file? Yes / No

Date received _____ initials _____

Notes: _____

Revised: September 1, 2020