



## Christ the King RCIA/RCIC Registration Form

Christ the King Roman Catholic Church offers RCIA classes in a one-on-one environment. Candidates' classes vary depending on different circumstances.

Last Name	Middle Name	First Name	Birthdate	Sacraments Received ( <b>please indicate which church/parish for each</b> )				
				Baptism*	Reconciliation	Eucharist	Confirmation*	Marriage

*\*If Baptism or Confirmation took place at a parish other than CTK, **please provide copy of certificate.** Please contact that parish to have them provide an original certificate directly to CTK.*

### Contact Information

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Current Religion \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Parent Contact Information (for minors)

**Father's Name** (first and last) \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_

Address (if different than child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mother's Name** (first and last) \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_

Address (if different than child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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\*Please list allergies, medications, learning disabilities, accommodations needed:

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\*\* I authorize Christ the King to contact emergency services for me (my child) in case of a medical emergency.

\_\_\_\_\_  
signature/parent signature

\*\*I grant permission to publish my (my child's) name and/or picture on the parish website, bulletin, and

sacramental program, if applicable. \_\_\_\_\_  
signature/parent signature

Please mail forms and direct questions to:

**Amanda Dukart**

Director of Faith Formation

Christ the King Parish

Mandan, ND 58554

701-663-8842 (office) or 701-390-3275 (cell)

amanda.dukart@ctkmandan.com