

St Nicholas R.C.I.A Registration

Please Print Legibly

A copy of your Baptismal Certificate issued in the past 6 months is required.

Full Name _____

Maiden Name _____ Age _____

Address _____

E-mail _____

Phones: Home _____ Cell _____ Work _____

Date of Birth _____ City and State of Birth _____

Father's Full Name _____

Mother's Full Name _____

Mother's Full Maiden Name _____

Baptismal Church _____

Address _____

City, State, Zip _____

CIRCLE the sacraments you are interesting in receiving in the Catholic Church.

BAPTISM

CONFIRMATION

RECONCILIATION

FIRST EUCHARIST

MARRIAGE

CIRCLE current Marital Status: Single Married Divorced Widowed

The number of times you have been married in a civil ceremony _____

The number of times you have been married in a church ceremony _____

Denomination of the church/churches _____

The number of times your spouse has been married _____

For Office Use

Baptism Certificate _____ Catechumen _____ Candidate _____ POF _____

Sponsor's Full Name _____ Sponsor Letter _____

Sacraments to Receive: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____