

RCIA/RCIC Form

Name _____
(first) (middle) (last)

Date of Birth _____ Place of Birth _____
(town) (state)

Father _____
(first) (middle) (last)

Mother _____
(first) (middle) (maiden)

Address _____
(street) (town) (state) (Zip)

Phone Number _____

Baptism

Date _____ Place _____
(church) (town) (state)

Sponsor _____
(if making now) (first) (middle) (last)

Holy Communion

Date _____ Place _____
(church) (town) (state)