RCIA Registration

Please Print Clearly

Name: _____
First Middle Last Maiden Name *(if applicable)*

Confirmation Name: _____ **Sponsor's Name:** _____

Place of Birth: _____ **Birth date:** / /
City & State

Residence: _____

_____
City State Zip

Contact: _____
Home Phone Work Phone Email (optional)

Father's Full Name _____

Mother's Full Maiden Name _____

Have you been Baptized? Y* / N Date: / / Denomination:

Church Name: **City & State:**

** A copy of Baptismal Certificate must be provided A.S.A.P., unless baptized at Corpus Christi Church.*

Have you received First Holy Communion? Y / N Date: / /

Church Name: **City & State:**

Marital Status :

Spouse's Name: **Spouse's Religion:**

†††

OFFICE USE ONLY

Baptism		Bapt. Certificate: Y / N
First Communion		
Confirmation		Date of Registration: / /

Candidate for: Sacrament of Initiation ☐ Full Communion ☐ Confirmation Only ☐

CORPUS CHRISTI CHURCH 322 ST. JAMES DRIVE PIEDMONT, CA 94611 (510) 530-4343