

# The Church of St. Francis Xavier R.C.I.A Registration Form

*Information is held in confidence and is not shared without permission.*

## **Legal Name (No Nicknames or Abbreviations)**

*First Name*                      *Middle Name*                      (*Maiden Name*)                      *Last Name*

Date of Birth                      Place of Birth (*City/State/Province/Country*)

Regarding your Father:

*First Name*                      *Middle Name*                      *Last Name*

Regarding your Mother:

*First Name*                      *Middle Name*                      *Maiden Name*                      *Last Name*

## **CONTACT INFORMATION**

Mailing Address:

*City State Zip Code*

Home Phone #:

Work Phone #:

Cell Phone #:

Email Address:

## **RELIGIOUS HISTORY** What, if any, is your present religious affiliation?

**Have YOU ever been baptized?    Yes        No        I am not sure.**

*If you are baptized, please answer all the following questions **completely**:*

**Date of Baptism:**

**Religion/Denomination:**

**Church of Baptism:**

**Church Address:**

*City State Zip Code*

**If YOU were baptized CATHOLIC, check those sacraments you have already received:**

Reconciliation (Confession)

Eucharist (First Communion)

Confirmation