

**RELIGIOUS EDUCATION PROGRAM  
R.C.I.A. REGISTRATION  
(RITE OF CHRISTIAN INITIATION OF ADULTS)**

**FULL NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**WORK/CELL PHONE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**INDICATE NAME PREFERRED ON NAME TAG** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_  
(City) (State)

**BAPTIZED** \_\_\_\_\_  
(Yes/No)

**IF THE ANSWER TO THE ABOVE IS “YES”:**

**DENOMINATION** \_\_\_\_\_

**NAME OF CHURCH** \_\_\_\_\_

**PLACE OF CHURCH** \_\_\_\_\_  
(City) (State)

**FATHER’S NAME** \_\_\_\_\_

**MOTHER’S FIRST/MAIDEN NAME** \_\_\_\_\_

**DONATION/FEE: \$50.00**