

RCIA / OCIC Registration Form

Participant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone: _____ Email: _____

Sacraments Received

Baptism: Date _____

Parish _____

First Communion: Date _____

Parish _____

Confirmation: Date _____

Parish _____

Marriage, if applicable: Date _____

Parish _____

Parent / Guardian Information

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name, if applicable: _____

Office Use Only

Program: ☐ RCIA ☐ OCIC Date Registered: _____