

**RCIC GENERAL INFORMATION FORM**

**GENERAL INFORMATION**

**Child's Full Name**

\_\_\_\_\_

First

Middle

Last

**Date of Birth**

\_\_\_\_\_

Month

Day

Year

**Place of Birth**

\_\_\_\_\_

City

State

**Childs Grade Level:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Child's Residence**

\_\_\_\_\_

Street

City

State

**Father's Name**

\_\_\_\_\_

First

Middle

Last

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

**Mother's Name**

\_\_\_\_\_

First

Middle

Last

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Email: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Child lives with: \_\_\_ Parents \_\_\_ Mother only \_\_\_ Father only  
\_\_\_ Other (please explain.

**SACRAMENTAL INFORMATION**

Have you been Baptized? \_\_\_ yes \_\_\_ no

Church of Baptism/Denomination

\_\_\_\_\_

Street Address of baptismal church

\_\_\_\_\_

City State Zip

Date of Baptism

\_\_\_\_\_

Month Day Year

\*\*Please submit a copy of your Baptismal Certificate at the first class.

FOR OFFICE ONLY:

\_\_\_\_\_ RCIC \_\_\_\_\_ RCIC-First Communion