



Parish Center & Ministry Offices

RITE OF CHRISTIAN INITIATION OF ADULTS APPLICATION FORM

FIRST NAME		LAST NAME	
ADDRESS		CITY	ZIP
HOME PHONE NUMBER		CELL PHONE	
DATE OF BIRTH		PLACE OF BIRTH	
DATE OF BAPTISM		CHURCH OF BAPTISM	
*** PLEASE SUBMIT A COPY OF YOUR BAPTISMAL CERTIFICATE ALONG WITH THIS APPLICATION ***			
FIRST HOLY COMMUNION (IF APPLICABLE):	DATE:	CHURCH OF FIRST HOLY COMMUNION:	
*** PLEASE SUBMIT A COPY OF YOUR FIRST HOLY COMMUNION CERTIFICATE ALONG WITH THIS APPLICATION ***			
PRESENT PARISH <input type="checkbox"/> OUR LADY OF THE VALLEY <input type="checkbox"/> OTHER: _____			
REGISTERED WITH OUR LADY OF THE VALLEY PARISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS YOUR ENVELOPE NUMBER? _____			

FATHER'S FIRST NAME AND LAST NAME		FATHER'S RELIGION	
SACRAMENTS RECEIVED: <input type="checkbox"/> BAPTISM <input type="checkbox"/> CONFIRMATION <input type="checkbox"/> FIRST COMMUNION <input type="checkbox"/> MARRIAGE			
MOTHER'S FIRST NAME AND MAIDEN NAME		MOTHER'S RELIGION	
SACRAMENTS RECEIVED: <input type="checkbox"/> BAPTISM <input type="checkbox"/> CONFIRMATION <input type="checkbox"/> FIRST COMMUNION <input type="checkbox"/> MARRIAGE			

SCHOOL YOU ARE NOW ATTENDING	GRADE
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- ON THE REVERSE SIDE PLEASE WRITE A SHORT PARAGRAPH ON YOUR DESIRE TO ENROLL IN TO THE RCIA PROCESS -

For Office Use Only:

Date of Inquiry: _____ Inquiry taken by: _____
 Certificate submitted: Baptism First Communion