



Parish of St. Michael the Archangel

RCIA INFORMATION SHEET

NAME: _____

PHONE NUMBER: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

DATE OF BAPTISM: _____ PLACE OF BAPTISM: _____

NAME OF FATHER AS ON BIRTH CERTIFICATE: _____

NAME OF MOTHER AS ON BIRTH CERTIFICATE: _____

PLEASE CIRCLE ALL THE SACRAMENTS YOU NEED:

BAPTISM

HOLY COMMUNION

CONFIRMATION

IF YOU NEED BAPTISM PLEASE GIVE THE NAMES OF YOUR GODPARENTS:

GODFATHER: _____

GODMOTHER: _____

IF YOU NEED CONFIRMATION PLEASE PROVIDE ONE SPONSOR AND YOUR SAINT NAME:

SPONSOR: _____

SAINT NAME: _____

HEIGHT: _____ WEIGHT: _____

YOU ARE REQUIRED TO PROVIDE:

- BIRTH CERTIFICATE
- BAPTISM CERTIFICATE (If Baptized Already)