ST. SIMON CHURCH
OFFICE OF FAITH FORMATION
RCIC CATECHUMEN OR CANDIDATE REGISTRATION

DATE: _____

CHILD'S Full Legal Name: _____
First Name Middle Last

AGE: _____ **DATE OF BIRTH:** _____ **CITY / STATE OF BIRTH:**_____

GRADE: _____ **AGE:** _____

SPONSOR(S) NAME: _____ _____

HAS CHILD BEEN BAPTIZED? _____ **CHURCH WHERE BAPTIZED?** _____

CITY BAPTIZED: _____ **STATE BAPTIZED:** _____

HAS CHILD ATTENDED ANY RELIGIOUS EDUCATION CLASSES? _____

HOW LONG? _____ **WHERE?** _____

MOTHER'S NAME:_____
First Name Middle MAIDEN (required) Last

FATHER'S NAME: _____
First Name Middle Last

ADDRESS: _____ **CITY:**_____ **ZIP:**_____

PHONE: **Home:** _____

Cell: _____

Work: _____

EMAIL: _____

CONFIRMATION NAME: _____ **CONFIRMATION SPONSOR(S)** _____

OFFICE USE ONLY:

Child received 1st Reconciliation: _____

Child will receive sacraments at: Easter Vigil _____ **Easter Sunday** _____
With 1st Eucharist class _____ **Other** _____

Child will need to be baptized: Yes ____ **No** ____
Baptismal Certificate Received: _____ **Baptized at St. Simon?** _____

Child received Confirmation: Date: _____ **Place:** _____

Comments: _____

_____