



CATHEDRAL OF SAINT MARY OF THE ASSUMPTION

OFFICE OF RELIGIOUS EDUCATION

RITE OF CHRISTIAN INITIATION OF ADULTS

Please print or type all information below.

RCIA Teens

RCIA Adults

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Birth Date: _____ / _____ / _____ **Grade:** _____
Month
Day
Year

Home Phone: () _____ **Cell Phone:** () _____

Email: _____

Provide the parish or school attend last year for Religious Education below

Name: _____ **City / State:** _____

SACRAMENTAL INFORMATION:

Sacraments	Date	Church	City / State
Baptism:	/ /		
First Reconciliation:	/ /		
First Eucharist:	/ /		
Confirmation:	/ /		

Please check applicable options below.

Baptized in other denomination Profession of Faith Full Initiation

Please attach copies of certificate for all Sacraments received.

FAMILY INFORMATION:

Mother's Name: _____ **Maiden Name:** _____

Work Phone: () _____ **Cell Phone:** () _____

Religion: _____ **Deceased:** Yes No

Father's Name: _____

Work Phone: () _____ **Cell Phone:** () _____

Religion: _____ **Deceased:** Yes No



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LEGAL GUARDIAN INFORMATION: *(if applicable)*

Name: _____ Maiden Name: *(If applicable)* _____

Address: _____
Street City State Zip

Work Phone: () _____ Cell Phone: () _____

HEALTH INFORMATION:

Does your child have learning needs? Yes No

Learning Disability – Classification: _____

Other, please explain: _____

If your child has any medical conditions please explain:

Are there any other special instructions? (i.e. dismissal, transportation, etc.)

Are there any custodial issues? If yes, please explain: Yes No

PROMOTIONAL RELEASE:

I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ Date: ____/____/____

FOR USE BY THE RELIGIOUS EDUCATION OFFICE ONLY

PARISH OF REGISTRATION:

Parish Name: _____ Envelope #: _____

Type of Payment Received: Cash Check #: _____ Amount: \$ ____ . ____

Assigned to Class: _____ Catechist: _____

Registration Logged: Yes No Staff's Initial: _____

Registration Date: _____ Registration Taken by: _____