St. Patrick Parish 282 Suffolk St Lowell, MA 01854 Religions initiation for Adults (RCIA) Registration A. Personal Information Name:	For Office Only- S	acrament: Confirmation	_ Communion	Baptism
A. Personal Information Name:		282 Suffolk St	ŀ	
Name:			Adults (RCIA)	
Address:	A. Personal Information			
Address:	Name:			
Email: Telephone: Date of Birth: Place of Birth (city, state,country): Father's Name:				
Father's Name:				
Mother's Name with Maiden Last Name B. Religious Information 1. Were you Baptized? YES NO- If YES, a copy of certificate is needed Date of Baptism: Church:	Date of Birth:	Place of Birth (city, state,c	ountry):	
B. Religious Information 1. Were you Baptized?YESNO- If YES, a copy of certificate is needed Date of Baptism:Church: Place (City/ State/ Country) 2. Did you receive Holy Communion?YESNO- If YES, a copy of certificate is needed Date of First Communion:Church: Place (City/ State/ Country) 3. Were you Confirmed?YESNO- If YES, a copy of certificate is needed Date of Confirmed?YESNO- If YES, a copy of certificate is needed Date of Confirmed?YESNO- If YES, a copy of certificate is needed Date of Confirmation:Church: Place (City/ State/ Country) C. Marriage Information 4. Are you currently or Have you ever been Married?YESNO By the Catholic Church?Civil Marriage Only?Single? Widow?Divorced?Separated?Living together?	Father's Name:			
1. Were you Baptized? YES NO- If YES, a copy of certificate is needed Date of Baptism: Church:	Mother's Name with Maid	en Last Name		
Date of Baptism:	B. Religious Information			
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Signature Date	-		-	
	If married by the Catholic	Church a copy of your marriag	e certificate will be r	needed.
REGISTRATION FEE: \$50 - RECEIPT #:	Signature	Date		
	REGISTRATION FEE: \$50 -	RECEIPT #:		