

For Office Only- Sacrament: Confirmation ____ Communion ____ Baptism ____

St. Patrick Parish
282 Suffolk St
Lowell, MA 01854

Rite of Christian Initiation for Adults (RCIA)
Registration

A. Personal Information

Name: _____

Address: _____

Email: _____ Telephone: _____

Date of Birth: _____ Place of Birth (city, state, country): _____

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: _____

Place (City/ State/ Country) _____

2. Did you receive Holy Communion? ____ YES ____ NO- If YES, a copy of certificate is needed

Date of First

Communion: _____ Church: _____

Place (City/ State/ Country) _____

3. Were you Confirmed? ____ YES ____ NO- 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? ____ YES ____ NO

By the Catholic Church? ____ Civil Marriage Only? ____ Single? ____

Widow? ____ Divorced? ____ Separated? ____ Living together? ____

If married by the Catholic Church a copy of your marriage certificate will be needed.

Signature _____ Date _____

REGISTRATION FEE: \$50 - RECEIPT #: _____