

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: Before Sept \$190 after Sept \$225 RECEIPT #: \_\_\_\_\_