

RCIA INFORMATION FORM

If you want to start the RCIA process this year, or want to be kept informed, fill out this form.
Once complete, email to sal.orbis@zionsvillecatholic.com or bring to the Parish Office

First Name _____ Middle Name _____

Nickname _____ Last Name _____

Maiden Name (Married Women) _____

Date of Birth _____ Place of Birth (City, State) _____

Your father's name _____

Your mother's name (including maiden name) _____

If Baptized: Date of Baptism _____

Place of Baptism (Church, city, state) _____

Your Home Address: _____

City, state, zip _____

Phone _____ Email _____

Are you a registered member of St. Alphonsus Liguori Parish? Y N

Name of Patron Saint you have chosen: _____

Sponsor(s): _____

FOR OFFICE USE:

Sacrament(s) received:

BAPTISM

CONFIRMATION PROFESSION OF FAITH

EUCCHARIST

Signed: _____ Date: _____