

ST. PAUL CATHOLIC CHURCH
8720 Florin Road, Sacramento, CA 95828
2017-2018 RITE OF CHRISTIAN INITIATION OF CHILDREN REGISTRATION FORM

Date _____ Envelope # _____

Last Name _____ First Name _____ Middle Name _____

Home Address _____ City _____ State _____ Zip Code _____

Gender: Male ___ Female ___ Age _____ Date of Birth _____ Birthplace _____

Baptismal Date _____ Church _____ Address _____

Father's Name _____ Home # _____ Cell # _____ Work # _____ Email _____

Mother's Name _____ Home # _____ Cell # _____ Work # _____ Email _____

Siblings: Name _____ Date of Birth _____ Name _____ Date of Birth _____
Name _____ Date of Birth _____ Name _____ Date of Birth _____

Marital Status: (check) Married: _____ Church: _____ Civil: _____ Widow/Widower: _____ Single Parent: _____ Divorced: _____

Guardian's Name _____ Home # _____ Cell # _____ Work # _____ Email _____
(If Applicable)

Registration Fees (Non- refundable): Other Fees:

\$ 95.00 Per Student

Confirmation Retreat = \$70.00



For RCIA Use Only:

Document on File:

___ Baptismal Certificate Date _____ Church _____ Place _____

RCIC/ CFF Registration Staff: Name _____ Date _____