

NEW STUDENT YES () NO ()

PREVIOUS RELIGIOUS ED.
CLASSES

ST. FAUSTINA
RELIGIOUS EDUCATION
OCIA/RCIA REGISTRATION FORM
2025-2026

NAME: _____ HOME PHONE: _____ CELL: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ ZIP CODE: _____ DATE: _____

SACRAMENTS RECEIVED:

CHURCH NAME	DATE OF BIRTH		CUSTODY NEEDS	SACRAMENTS RECEIVED			
				B A P T	R E C O N	E U C H	C O N F

EMERGENCY CONTACT INFORMATION: _____ PHONE: _____

MARITAL STATUS: MARRIED () SEPARATED () DIVORCED () WIDOWED () SINGLE ()

Share the reason you would like to make your Sacraments: _____

BOOK DONATION \$30.00

Thank you

FOR OFFICE USE ONLY

Date received in office: _____

Amount due: _____

Amount paid: _____

Balance due: _____

_____ Cash

_____ Check No: _____