NEW STUDENT YES ( ) NO ( )

PREVIOUS RELIGIOU ED. CLASSES

_____

ST. FAUSTINA
RELIGIOUS EDUCATION
OCIA (formerly RCIA)
REGISTRATION FORM

NAME: _____HOME PHONE: _____CELL:_____

ADDRESS:_____EMAIL_____

CITY:_____ZIPCODE:_____ DATE_____

SACRAMENTS RECEIVED:

				SACRAMENTS RECEIVED			
CHURCH NAME	DATE OF BIRTH		CUSTODY NEEDS	BAPT	RECON	EUCH	CONF

EMERGENCY CONTACT INFORMATION:_____PHONE:_____

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

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

_____

_____

_____

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_____

Donation: $35.00

FOR OFFICE USE ONLY

Date received in office: _____

Amount due: _____

Amount paid: _____

Balance due: _____

_____ Cash

_____ Check No: _____