

**Saint Joseph's R.C.I.A. Program**  
**Location:** 231 Wall St./**Mailing:** 242 Wall St. Kingston, New York 12401  
Tel: 845- 481-4560  
Email: sjrc242@gmail.com

## R.C.I.A. REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's First & Last Name \_\_\_\_\_

Mother's First & Maiden Name \_\_\_\_\_

Date of Baptism (if Baptized) \_\_\_\_\_

Place of Baptism (Church and location) \_\_\_\_\_

Minister of Baptism \_\_\_\_\_

Godparents: \_\_\_\_\_

First Holy Communion Date (Catholics only) \_\_\_\_\_

Place of First Holy Communion \_\_\_\_\_

Confirmation Date (Catholics only) \_\_\_\_\_

Church of Confirmation \_\_\_\_\_

Marriage:

Are You Presently Married \_\_\_\_\_ Is this your 1<sup>st</sup> Marriage \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Officiant \_\_\_\_\_

Sponsor (GODPARENT) \_\_\_\_\_

Name you would like to take at Confirmation \_\_\_\_\_