

Mater Ecclesiae
**The Downtown
Family of Parishes**



RCIA REGISTRATION FORM

Personal Information:

Candidate's Full Name: _____

Street Address: _____ Age: _____

City: _____ Zip code: _____ Birthdate: _____

Home Phone #: _____ Cell phone #: _____

Email _____

Registered Parish: *Blessed Sacrament* *St. Louis* *St. Anthony's*

Father's Name: _____

Mother's Name, including maiden name: _____

Sacrament Information:

Baptism Church: _____

Baptism date, city, state: _____

First Penance Church: _____

First Penance date, city, state: _____

First Eucharist Church: _____

First Eucharist date, city, state: _____

Submit completed form and sacrament records to CRE, Ashlee Campbell, via
email: religioused@stlouisrcchurch.org