

Mater Ecclesiae
**The Downtown
Family of Parishes**



RCIA REGISTRATION FORM

Candidate/Catechumen Information:

Full Name: _____

Street Address: _____ Age: _____

City: _____ Zip code: _____ Birthdate: _____

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: _____

Marital Status:

Are you married: _____ Are you engaged to be married: _____

If you are married, were you married in a church: _____

If you are married, is this your first marriage: _____

Reason for becoming Catholic:

We are excited to have you as part of our RCIA (Rite of Christian Initiation for Adults) program and to walk with you on this faith journey. Please tell us a little bit about why are becoming Catholic:

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