



Date _____

St. John XXIII University Parish RCIA Registration Form - Participant

ST. JOHN XXIII
CATHOLIC CHURCH

Basic Information (please print neatly)

Legal Name (first, middle, last): _____

Maiden Name (if applicable): _____

Name you go by: _____ Gender (Circle One) Male Female

Primary Phone Number: _____ Cell Phone: _____

Email: _____

Address: _____ City: _____ ZIP: _____

Age: _____ Birth Date: _____ Birth Location: _____

Father's Legal Name: _____
(first, middle, last)

Mother's Legal Name: _____ Mother's Maiden Name _____
(first, middle, last)

Sacramental Information

Have you already received:

Baptism? ☐ No ☐ Yes If "Yes", then was it: ☐ Catholic? ☐ Protestant? Date _____

Name of Church _____ City, State _____

First Communion? ☐ No ☐ Yes In which Catholic Church? _____

Confirmation? ☐ No ☐ Yes In Which Catholic Church? _____

Marital Information

Are you married? ☐ No ☐ Yes Date: _____

Location: Catholic Church _____ Other: _____

Have you or your spouse ever been divorced? ☐ No ☐ Yes

If you are not married, are you living with someone? ☐ No ☐ Yes

If yes, what is the relationship? _____

Other

Sponsor Name _____

Please submit forms and payment to Jessica Harris either in person, or mailing to:
St. John XXIII Catholic Church 1220 University Ave. Fort Collins, CO 80521