St. Kateri Tekakwitha Parish Community RCIA/Adult Confirmation Registration Form

Sacraments to be received: ____First Communion Confirmation _____ Baptism Candidate's Name: _____ First Name middle Last Name Marital Status: (S)_____ (M)____ Date of Birth: Home Address: City / States/Zip Code_____ Telephone Number: _____ Home# cell# E-Mail Address: Spouse's First Name & Last Name Father's Name: Mother's Name: Sacraments Received: Baptism: Date: _____ Church: City: _____ First Communion: Church: _____ Date: _____ City: _____ Confirmation: Date: _____ Church: City: _____ **Documents Collected:** Birth Certificate_____ Baptismal Certificate First Communion_____

Sponsor's Name: