

Rite of Christian Initiation of Children



**St. Joseph,
Husband of Mary**

Registration Form

DATE: _____ PARISH Reg. # _____

FATHER'S NAME: _____
FIRST MIDDLE LAST HOME PHONE

HOME ADDRESS CITY ZIP CELL PHONE

FATHERS RELIGION _____

MOTHER'S NAME: _____
FIRST MAIDEN LAST HOME PHONE

HOME ADDRESS CITY ZIP CELL PHONE

MOTHER'S RELIGION _____

STEP-PARENT: _____
FIRST LAST PHONE

HOME ADDRESS CITY ZIP CELL PHONE

STEP-PARENT'S RELIGION _____

CONTACT PERSON IN CASE OF EMERGENCY:

NAME: _____ **PHONE:** _____

STUDENTS FULL LEGAL NAME		Male	Female
Birthplace and Date		Certificate:	
Mail addressed to		Child reside with:	
Child has been Baptized	YES NO	Special needs:	
School attending			
Present Grade Level		Family E-Mail:	