

**St. Rita's Religious Education**  
**REGISTRATION FOR CLASSES IN THE CATHOLIC FAITH**

Date of registration: \_\_\_\_\_

Name	Middle	Last Name
Father Full Name:		Mother Maiden Name:
Date of Birth: (mm/day/year)	Age	Birth City and State:
Cell Phone number:		Contact number 1:
House Phone number		Relationship:
Address:	City	State      Zip Code
Email:		

## SACRAMENTS

<b>Are you Baptized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Which religion : _____	<b>Do you have First Communion</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have Confirmation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Bring Certificate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bring Certificate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bring Certificate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## MARRIAGE

Have you ever been married? ☐ Yes    ☐ No      Are you married now? ☐ Yes    ☐ No

in what religion: \_\_\_\_\_ is your spouse baptized in other religion: \_\_\_\_\_

If married, is this your first marriage or how many? \_\_\_\_\_

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### ***Office use Only***

Class Fee: \$ \_\_\_\_\_      Deposit: \$ \_\_\_\_\_      Balance: \$ \_\_\_\_\_

Sacrament that will receive in RCIA class: \_\_\_\_\_