

St. Columba Church
343 West 25th Street, New York, NY 10001
Ph: (212) 807-8876; RCIA@saintcolumbachelsea.org
www.saintcolumbachelsea.org

RCIA REGISTRATION FORM

Please complete this form and submit via postal mail. You may also drop it off at the parish office Tuesday-Friday 9 am-3 pm.

Applicant Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email _____

----- **Please fill out the following section if the applicant is a child.** -----

Mother's name _____

Religion _____ Cell Phone # _____

Father's name _____

Religion _____ Cell Phone # _____

Child's DOB _____ Age _____

If in school, grade _____ Name of School _____

----- **Please fill out the following section.** -----

Have you received:

Baptism: NO YES in what faith _____

Church Name _____

Church Address _____

Eucharist: NO YES in what faith _____

Church Name _____

Church Address _____

Confirmation: NO YES in what faith _____

Church Name _____

Church Address _____

Reconciliation: NO YES in what faith _____

Church Name _____

Church Address _____

Marriage: NO YES # times married _____

how married? civil other