



Parish of Saint Joseph

582 Hope Street
 Mountain View, CA 94041
 Phone: (650) 967-3831

REGISTRATION FORM - RCIA					
Name:					
Date of Birth:		Place of Birth:			
Address:					
		City:		Zip Code:	
Email address:				Phone:	
Emergency Contact:				Phone:	
Relationship:					
Please indicate if you have received any of the Sacraments:					Office Use:
<input type="checkbox"/> Baptism		Please provide a copy of the certificate			<input type="checkbox"/> Copy received
<input type="checkbox"/> First Communion		Please provide a copy of the certificate			<input type="checkbox"/> Copy received
<i>If you have not been baptized please provide a copy of your Birth Certificate</i>					<input type="checkbox"/> Copy received
Registration Fee:					
		<input type="checkbox"/> 1 Candidate		\$150	
		<input type="checkbox"/> 2 Candidates		\$250	
		<input type="checkbox"/> 3 Candidates		\$350	
Date of Registration:					
Notes:					
Office Use Only:					
<input type="checkbox"/> Certificate		<input type="checkbox"/> Church Registry		<input type="checkbox"/> Notification	
			<input type="checkbox"/> Photos		<input type="checkbox"/> Payment