



**ST. BARNABAS CATHOLIC CHURCH**

3955 ORANGE AVE., LONG BEACH, CA 90807 | (562) 424-8595 Office | church@stbarnabaslb.org | www.stbarnabaslb.org

**R.C.I.A. ADULT SACRAMENT REGISTRATION FORM**

\*\*\* PLEASE PRINT CLEARLY \*\*\* (COMPLETE THE FOLLOWING FOR THE CHURCH'S PERMANENT RECORDS)

First Name	Middle Name (if any)	Last Name
Street Address	City	State/Zip
Phone Number	E-Mail	
Date of Birth	City/State/Zip of Birth	
Father's First Name	Father's Last Name	Religion of Father
Mother's First Name	Mother's Maiden Name	Religion of Mother

Have you ever been Baptized? YES | NO Date of Baptism: \_\_\_\_\_

What Religion? \_\_\_\_\_

If you are not Baptized, what makes you interested in the Catholic Church?

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Do you have any family members or friends in St. Barnabas Parish? If yes, list their names:

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**Marital Status** (check one): Single | Married | Divorced/Separated

**If Married** (check one): In Catholic Church | Civil Court | Another Church

If Married, my Spouse is (check one): Catholic | Non-Catholic

If Non-Catholic, list the name of the Religion: \_\_\_\_\_

**Which Sacraments are you preparing for?** (check all that apply)

Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**Please list information of Sacraments already received:**

Date of Baptism	Name of Church	City/State
Date of First Communion	Name of Church	City/State

**(For Adult Confirmation Only)** *To be completed after meeting with R.C.I.A Coordinator*

Name of God Parent(s) for Baptism: \_\_\_\_\_  
\_\_\_\_\_

Name of Sponsor for Confirmation: \_\_\_\_\_

Name of Saint for Confirmation: \_\_\_\_\_

**[Office Use Only]**

R.C. I. A. Coordinator: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Baptism Certificate Copy     1<sup>st</sup> Communion Certificate Copy

Confirmation Certificate Copy

Attended Retreat: YES | NO    Date: \_\_\_\_\_ Location: \_\_\_\_\_

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Sacramental Register, Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_ Pg Ref. \_\_\_\_\_