

CHRIST OUR KING CATHOLIC CHURCH
Mount Pleasant, SC
Sacraments of Initiation for Children
RCIC FORM 2010~2011

Child's Full Name:			
Last	First	Middle	
Address:			
Street or PO Box	City	State	Zip
Father's Full Name:			
Mother's Full Name:			
Email Address:			
School Child Attends:			Grade:
Date of Birth:		Place of Birth:	
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Home Phone	Cell Phone	Work Phone	
Are you registered in Christ Our King parish? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child been Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "YES" please give name and denomination of Church:			
Date of Baptism:			
Address of Church:			
Name of Godparents or Sponsors:			
Please provide a copy of your child's baptismal certificate with this form.			
If your child is to be Baptized, please know Godparents must be Catholic and in good standing with the Catholic Church			
Name of Godparents:			
What Sacraments does your child need to receive? Please list below:			
Sacrament:			
Sacrament:			
Sacrament:			
<p>When your child attends the Christ Our King Parish RCIC program, one parent needs to attend the adult RCIA classes for the year program. These classes take place at the same time your child is studying for the reception of their sacraments.</p>			
Parents Signature:			Date: