

St. Malachy Church
Rite of Christian Initiation of Children (RCIC) Information Form

Child's Full Name: _____

Address: _____

(Street Address)

(City, State, Zip Code)

Home Telephone: _____

Date of Birth: _____ **Sex:** Male / Female

Name of School Attending: _____ **Grade in School:** _____

Father's Name: _____ **Mother's Name:** _____
(First) (Maiden)

Parent Cell Phone: _____ **Parent email:** _____

Child's Place of Birth: _____

Has your child been baptized? _____

Date of baptism: _____ Denomination: _____

Name and location of church: _____

Godparent: _____ Religion: _____

Godparent: _____ Religion: _____

***Note:** If baptized at a church other than St. Malachy, Catholic or Non-Catholic, please submit a copy of the baptismal certificate from that church.
Your child cannot receive First Communion without proof of baptism.

Has your child been raised in the faith in which they were baptized? _____

Are there other churches to which you have belonged? _____

Do you belong to a church at the present time? _____

Name of church _____ **Does your child attend regularly?** _____

I give my permission to St. Malachy to use my child's picture in church media. Yes No

Parent Initial _____

Does your child have any allergies? Yes allergic to _____ No

Father's Signature

Mother's Signature