

ST. MARK SCHOOL OF RELIGIOUS EDUCATION
30 Melvin Avenue Catonsville, MD 21228 410-744-6560, ext. 224

Rite of Christian Initiation for Children (RCIC)

Today's Date: _____

Candidate's Information

Full Name: _____
Address: _____
City, State & Zip: _____ Phone: _____
Date of Birth: _____ Age: _____ Place of Birth: _____
School: _____ Grade: _____

Parent(s)/Guardian(s) Information

Mother's Full Name (Maiden): _____ Religion: _____
Father's Full Name: _____ Religion: _____
Guardian(s) Name (if applicable): _____ Religion: _____
Has permission been given for participation in RCIC? Yes No

Baptismal Information (Photocopy of certificate is required)

Baptized: Yes No If Yes, Date and Religion: _____
Name of Church: _____
Church Mailing Address: _____

Confirmation Information

Confirmed: Yes No If Yes, Date and Religion: _____
Name of Church: _____
Church Mailing Address: _____

Religious Education Background

Has candidate received any formal religious education? Yes No
Where and at what ages? _____

Is child in regular religious education this year? Yes No
Circle one: Tuesday (Traditional Program) Family Program St. Mark School

Church/Worship Attendance

Explain child's experience with formal worship: _____

FOR OFFICE USE ONLY

Copy of Baptism Certificate: _____ Date of Profession of Faith or Baptism: _____
Date of First Recon: _____ Date of First Euch: _____ Date of Confirm: _____