

# SACRED HEART PARISH

Parish Office: 23 Strathmore Lakes Way, Strathmore AB T1P 1L7

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**RCIC (Rite of Christian Initiation of Children)** – Please ensure you provide all necessary information listed below.

TODAY'S DATE: \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

Surname

First

Middle

DATE OF BIRTH: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_

RELIGION: \_\_\_\_\_

PLACE OF BAPTISM: Parish \_\_\_\_\_

Address \_\_\_\_\_

City/Prov. \_\_\_\_\_ Country \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone number: \_\_\_\_\_

**A copy of your child's baptism is required.** If you do not have your child's baptism, please contact the parish where your child was baptized and request them to fax or mail a copy to Sacred Heart Parish.

SACRAMENTS:

\_\_\_ BAPTISM      \_\_\_ HOLY FIRST COMMUNION      \_\_\_ CONFIRMATION

CONFIRMATION NAME: \_\_\_\_\_ (to be chosen during preparation)