



www.gachaska.org

Guardian Angels Parish RCIA Registration Form

CANDIDATE NAME: _____
(please print as you wish on sacramental certificate)

EMAIL ADDRESS: _____

Address: _____ City: _____

Phone Number: _____ Cell Number: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____

Place of Baptism: _____ parish

_____ city, state

**** Please provide copy of Baptismal certificate if sacrament was not received at Guardian Angels**

Father's Name: _____

Mother's Name: _____

Maiden: _____

SPONSOR NAME: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

EMAIL ADDRESS: _____

Home Parish: _____

Sacramental preparation fee of \$50.00 is requested at Easter Vigil.

Please return form as soon as possible to:

Guardian Angels Church
Attn: Faith Formation
215 West 2nd St.
Chaska, MN 55318