

Please attach the student's  
Baptismal Certificate.

**SAINT PETER'S PARISH**  
**RCIT**  
**2017-2018**

???: contact Angela Busby at  
301-570-8125 or  
busbya@stpetersolney.org  
Fee: \$25

**Student information** (please print clearly)

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F  
First Last month date year

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Birth (city, state) \_\_\_\_\_

**Sacramental Information:**

Please **circle** the Sacraments you are seeking: Baptism Penance Eucharist Confirmation

If you have received any of these Sacraments already please provide us with the following information.

Baptism: please circle one Catholic Non-Catholic

Date: \_\_\_\_\_ Name of Priest/Minister: \_\_\_\_\_

Please submit a copy of the Baptismal Certificate with this application.

First Penance:

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

First Communion:

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

How many years of Religious Education has the student completed? \_\_\_\_\_

**Parent Information**

**Mother's Name:** \_\_\_\_\_  
First Maiden Last

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_