



**Saint Thomas More Catholic Church**  
**2023-2024 RCIA for Youth Registration Form**  
**Baptism / First Reconciliation / First Holy Communion / Confirmation**

***PLEASE PRINT***

Form completed by \_\_\_\_\_

Relationship to youth (circle one): Mother    Father    Other: \_\_\_\_\_

Sacraments requesting (please circle all that apply):    Baptism            First Eucharist            Confirmation

Mother's Maiden Name (name on birth certificate): \_\_\_\_\_

Mother's Religion: \_\_\_\_\_    Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_    Father's Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_

\_\_\_\_\_    Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_    Home Phone (landline): \_\_\_\_\_

Is the family registered at St. Thomas More?    Yes    No

Name of Youth (as written on birth certificate) \_\_\_\_\_

Nickname of youth: \_\_\_\_\_    Male    Female

Date of Birth: \_\_\_\_\_    City of Birth: \_\_\_\_\_

Baptized?    Yes    or    No

If baptized, when (Month/Year)? \_\_\_\_\_

Where (Church, City, State)? \_\_\_\_\_

If not baptized, how do you want you youth's name to appear on their Baptismal Certificate:

\_\_\_\_\_

Name of school that your youth attends: \_\_\_\_\_

Grade: \_\_\_\_\_    How many years has your youth attended Religious Formation classes? \_\_\_\_\_

**PLEASE COMPLETE BACK SIDE**

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**Office Use**

Confirmation Name: \_\_\_\_\_

Godparent / Sponsor: \_\_\_\_\_

Registered Parish (Name of Church, City, State): \_\_\_\_\_



# ST. THOMAS MORE

A ROMAN CATHOLIC COMMUNITY

3015 Roundelay Road · Lynchburg, VA 24502-2036 · Phone: (434) 237-5911 · Fax: (434) 237-8854

## Photo Release Form

**Event:** St. Thomas More Roman Catholic Church Events for 2023/2024 RCIA for Youth

**Date:** August 2023 – August 2024

I give permission for photographs of the youth listed to be published on the website/social media site of St. Thomas More Roman Catholic Church. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed. I also give my consent for my youth to participate in ZOOM-like meetings acknowledging that the ZOOM-like meetings maybe recorded.

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I am the parent or legal guardian of the following youth under 18 years of age, and I give permission for their images to be published.

Youth's name: \_\_\_\_\_

Adult's name (print): \_\_\_\_\_

Adult's Signature: \_\_\_\_\_