



Saint Thomas More Catholic Church
2020-2021 RCIA for Youth Registration Form
Baptism / First Reconciliation / First Eucharist / Confirmation

PLEASE PRINT

Form completed by _____

Relationship to youth: 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: _____

Date of Birth: _____ City of Birth: _____

Baptized? Yes 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

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 2020/2021 RCIA for Youth

Date: August 2020 – August 2021

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.

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: _____