



RCIA INITIAL CONTACT SHEET

PLEASE PRINT OR TYPE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____

Sacraments Received

	<u>Yes</u>	<u>No</u>
Baptism	<input type="checkbox"/>	<input type="checkbox"/>
First Communion	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>

Preferred method of contact:

	<u>Yes</u>	<u>No</u>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Call	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>

Preferred time to contact: _____

Completed by: _____

Date: _____