

Santo Christo Parish  
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Fall River, Massachusetts 02721

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*"Leading all to the Eucharist."*



**REGISTRATION 2025-26**

**ADULT CONFIRMATION & OCIA**

**PLEASE PRINT CLEARLY**

e-mail: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. Number: \_\_\_\_\_ Alt. Tel. Number: \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

If applicable;  
Date of Baptism: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ **(Baptism Certificate REQUIRED)**

Where is this church? City/State/Country: \_\_\_\_\_

Have you received First Penance (confession)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you received First Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

Church of First Communion: \_\_\_\_\_  
Date of First Communion: YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_

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

Mother's Full Name (Maiden): \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

If married: Date of marriage: YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_

Church: \_\_\_\_\_  
Name Address City/State/Country

Spouse's name: \_\_\_\_\_

Please explain, in your own words, your decision to become baptized into the Catholic Church and/or become a full member of the church through the Sacrament of Confirmation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please continue on the back of this paper, if needed.*