St. Jean Vianney
CATHOLIC CHURCH

Office Use Only

Payment: _____

Type: _____

Date: _____

Emergency: _____

Photo Release:_____

Baptismal Cert:_____

Parish School of Religion

Order of Christian Initiation of Adults (OCIA) Adapted for Children

Student's Name: _____ **Prefers to be called:** _____
First Middle Last

Address: _____ **Date of Birth:** _____

Place of Birth: _____

(If Applicable) **Date of Baptism:** _____

Church of Baptism:_____

Church Address: _____

Current School: _____ **Current Grade:** _____

Has child attended Catholic School? _____ **Name of School:** _____

Grades Attended: _____

Father: _____ **Religion:** _____
First Middle Last

Address: _____

Email: _____ **Phone:** _____

Mother: _____ **Religion:** _____
First Middle Maiden

Address: _____

Email: _____ **Phone:** _____

****Please email a copy of BAPTISMAL CERTIFICATE to psr@stjeanvianney.org**