



Church of The Good Shepherd

3200 Harbor Street Pittsburg, CA 94565

RCIC Registration Form

Please return registration form with documents to:

Klarisse@goodshepherdpittsburg.org

Lorena@goodshepherdpittsburg.org

Date: _____

Full Name: _____

Date of Birth: _____ Age: ____ Sex: _____

Address: _____
Street City and Zip

Cell #: _____ Email: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Sacraments Needed:

Baptism: ____ First Communion: ____ Confirmation: ____

Office Use

Birth Certificate: Yes / No

Bap. Cert: Yes / No

FHC Cert.: Yes / No

\$100 Tuition Paid: Yes / No

Method: Cash

Card

Check

Logged By: _____

Date Logged: _____