



HOLY NAME OF JESUS
CATHOLIC COMMUNITY

 **RCIA—Godparent Data** 

Please complete below and return to the RCIA Coordinator in the Life Center Office or email to rcia@hnj.org.

Date _____ Date of Birth _____

Full Name (First, Middle, Last) _____

Street Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Are you in full communion with the Roman Catholic Church—Baptized, Received First Holy Communion, Reconciliation, Confirmation and are receiving communion at Mass Sunday and Holy Days? Yes No

Name of Parish _____ Parish Priest/Pastor _____

City/State/Zip _____

Name of person to be Baptized _____

Signature _____