Office Use Only:

☐ Bapt. ☐ Confirmation
☐ Prof. of Faith

Rite of Christian Initiation of Adults (R.C.I.A.)
Registration Form 2019-2020

Interested in becoming Catholic? Fill in this registration form to join the RCIA.

PLEASE PRINT: Date _____

Name _____
First Full Middle Name Maiden Last

Date of Birth _____ Place of Birth _____
Month Day Year City State

Full Mailing Address _____
Street Apt.

_____
City State Zip

Telephone # _____ _____ E-mail address _____
Home Cell

RELIGIOUS EDUCATIONAL BACKGROUND: Have you ever received instruction in the Catholic Faith? ❑ Yes ❑ No

If so, When _____ Where _____

MARITAL STATUS: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Divorced and Remarried ❑ Widowed

If married, were you married in the Catholic Church? ❑ Yes ❑ No If No, were you married in another church? ❑ Yes ❑ No

If married in the Catholic Church, please provide the marriage date and the name of Catholic Church with the City and State:

_____
(Date) (Name of Church) (City, State)

If Divorced, was the marriage annulled? ❑ Yes ❑ No
Was your spouse previously married? ❑ Yes ❑ No If Yes, was the marriage annulled? ❑ Yes ❑ No
If single, are you engaged to be married? ❑ Yes ❑ No If Yes, has your fiancée been previously married? ❑ Yes ❑ No

RELIGIOUS BACKGROUND: Were you baptized? ❑ Yes ❑ No ❑ Unsure

If "Yes", in which denomination? _____ What is your present religion? _____

Name of the Church in which you were baptized _____
(We will need a copy of your baptismal certificate, back and front, if possible.)

Street Address of Church _____ City and State _____

Date of Baptism _____
Month Day Year

If you are a baptized **Catholic**, have you been Confirmed? ❑ Yes ❑ No ❑ Unsure

PARENTS' NAMES: Father's name _____
First Last

Mother's name _____
First Last Maiden

Do you have someone willing to sponsor your entry into the Catholic Church? Yes_____ No_____ Name_____

If yes, what is your relationship? _____ Catholic parish to which he/she belongs: _____