

RCIA – Rite of Christian Initiation of Adults Registration

Today's date _____

Your name: _____

(first – middle – last)

address: _____

city – state – zip: _____

Home Phone: _____ Work Phone: _____

E-MAIL: _____

Occupation: _____

Birth date ____/____/____

Place of Employment: _____

Place of Birth _____

I am Catholic. _____

I am baptized, but not in the Catholic Church. _____

I am not Baptized. _____

For Office Use:

RoA _____

RoW _____

RoE _____

RFC _____

BCE _____

SR _____

MARITAL STATUS:

____ single ____ engaged ____ married ____ divorced ____ widowed

If you are married:

Is your spouse a Catholic? _____ Yes _____ No

Were you married in the Catholic Church? _____ Yes _____ No

Have you ever been previously married? _____ Yes _____ No

Is that former spouse still living? _____ Yes _____ No

Has your spouse ever been previously married? _____ Yes _____ No

Is that former spouse still living? _____ Yes _____ No

If you are engaged:

Have you ever been previously married? _____ Yes _____ No.

Has your fiancé ever been previously married? _____ Yes _____ No.

Name of spouse/fiancé _____ religion: _____

Over Please →

Have you been baptized?

Yes_____ No_____

Denomination of Baptism (i.e. Lutheran)_____

Name of Church _____

City/State: _____

Father's Name _____

Mother's name _____

Mother's Maiden Name _____

Name of possible sponsor? _____

Notes: