



Rite of Christian Initiation Registration
St. Bartholomew Church
311 W Ridge Ave. Sharpsville PA 16150 724-962-7130

Please print all information.

Today's Date ____/____/____

First name _____ Full middle name _____

[Maiden last name _____] Last name _____

[Nickname _____]

Date of birth _____

Mailing Address _____	Home phone _____	<input type="checkbox"/>	Primary?
_____	Cell phone _____	<input type="checkbox"/>	
_____	Work phone _____	<input type="checkbox"/>	

E-mail address(es) _____

_____ Other Ways to Contact You? _____

Occupation _____

Employer / School _____

Name of Spouse (if applicable) _____

Your children (names/ages of those living at home if applicable)

Your father's name _____ Religion _____

Mother's maiden name _____ Religion _____

Have you ever previously been accepted as a catechumen or candidate in the Rite of Christian Initiation in the Catholic Church? _____

If yes, when and where? _____

Why did you not complete initiation at that time? _____

Are you baptized? _____ If yes . . .

Name of church _____ Denomination _____

City/state/country _____

Date of baptism _____ Officiant _____

If you were baptized Catholic ...

Have you received first Holy Communion? _____ First penance? _____

Where and when? _____

Are you married? _____

If you are married . . .

(Maiden) name of spouse _____

Spouse's religion _____

Date of marriage _____ Officiant _____

Type of Marriage: Catholic _____ Other Christian _____ Civil _____

Name of place of marriage _____

City/state _____

Prior to this marriage, have you been
married before either in a church or civilly? _____ *

Prior to this marriage, has your spouse
ever been married before either in a church or civilly? _____ *

If you are not married . . .

Have you ever been married before either in a church or civilly? _____ *

Are you engaged? _____ If yes . . .

Name of fiancé(e) _____

Has your fiancé(e) ever been
married before either in a church or civilly? _____ *

* If yes, fill out Prior Marriage Supplemental Form for each prior marriage.

Your signature _____ Date _____

Parent/guardian signature _____ Date _____
(If under 18 years of age)

Prior Marriage Supplemental Form

Fill out one form for each prior marriage of
catechumen or candidate and current spouse or fiancé(e)

Check one:

- This was **my** prior marriage
 This was **my current spouse's** prior marriage
 This was **my fiancé(e)'s** prior marriage.

Husband's name _____

Husband's religion _____

Baptized Not baptized

Wife's maiden name _____

Wife's religion _____

Baptized Not baptized

Date of marriage _____ Officiant _____

Name of place of marriage _____

City/state/country _____

How did this marriage end? Check one:

Death Divorce

If Divorce ...

Date of Decree _____

City, State _____

Was there a Catholic annulment? If yes ...

Date of Annulment Decree _____

Diocese issuing the Decree _____