

RCIA (Rite of Christian Initiation of Adults)
Cluster Registration Form

Name: _____

Address: _____

Email address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ City & State of Birth: _____

Are you currently attending a parish? Yes _____ No _____ If yes, name of parish _____

Are you registered in that parish? Yes _____ No _____

Have you been baptized? Yes _____ No _____ If yes, please give us the name and address of the Church where you were baptized:

(Please provide a copy of your Baptismal Certificate)

If Catholic, please indicate if you have received any of the following sacraments:

Reconciliation/confession: Yes _____ No _____ Eucharist: Yes _____ No _____ Confirmation: Yes _____ No _____

Are you married? Yes _____ No _____ **Is your spouse Catholic?** Yes _____ No _____

If spouse is Catholic, were you married in the Church? Yes _____ No _____ If no, please make an appointment with the Pastor.

Has either spouse been previously married? Yes _____ No _____

If married:

Name of spouse: _____ How long have you been married? _____

Do you have children? _____ Have they been baptized? _____

If yes, which denomination? _____

If engaged:

Name of fiancé(e): _____ How long have you been engaged? _____

Will this be the first marriage for both of you? Yes _____ No _____ If **no**, please make an appointment with the Pastor.

Have you set a wedding date? _____

-please turn over-

What do you hope to accomplish through the RCIA process?

_____ I definitely want to become Catholic.

_____ I think I might want to become Catholic.

_____ I'm just looking, not sure at this time.

_____ I don't want to join, I just want to know what Catholics believe.

_____ I am Catholic and want to renew my faith.

_____ Other: _____

Is there a member of your parish you would like to serve as your Sponsor through the RCIA experience?
