



St. Joseph Catholic Church  
Petersburg, Virginia

# St. Joseph Catholic Church

## Adult Baptism/ Reception into Full Communion/ Completion of Sacraments of Initiation

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Include locality – city, state, & country)

Father's Full Name: \_\_\_\_\_

Mother's Full Name (Include Maiden Name): \_\_\_\_\_

### I. CONTACT INFORMATION

Full Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

### II. RELIGIOUS HISTORY

1. What, if any, is your present religious affiliation? \_\_\_\_\_

2. Have you ever been baptized?  Yes  No  I am not sure

If you answered "Yes" to Question 2, please provide the following information:

(a) In what denomination were you baptized? \_\_\_\_\_

(b) Date or your approximate age when you were baptized: \_\_\_\_\_

(c) Baptismal name (if different from current name): \_\_\_\_\_

(d) Place of Baptism (name of church/denomination): \_\_\_\_\_

(e) Address, if known: \_\_\_\_\_

(f) Location, if known: \_\_\_\_\_  
(Include locality (city, town, county, etc.), region (state, province, territory, etc.), and country) *We will need to see an official copy of your baptismal certificate from the Church of Baptism as soon as possible. If you were baptized in a Catholic Church, please inform the Church of Baptism that you need a certificate with "sacramental notifications." Please **do not simply** copy the baptismal record you have at home.*

3. If you were baptized as a Catholic, check those sacraments you have already received:

First Penance  First Communion  Confirmation

### III. CURRENT MARITAL STATUS

Check the appropriate statement(s) below and provide any information requested beneath each statement.

1. I have never been married.

2. I am engaged to be married.

(a) Your Fiancé's Name: \_\_\_\_\_

(b) Your Fiancé's Current Religious Affiliation (if any): \_\_\_\_\_

(c) For you:  This is my first marriage.  I have been married before.

(d) For your fiancé (e):  This is his/her first marriage.  My fiancé (e) has been married before.

3. I am married.

(a) Your Spouse's Name: \_\_\_\_\_

Christian Formation Office

Coordinator of Religious Formation: Deebe Robinson | Phone: (804) 733-3115 x 13 | Email: [drobinson@sjcpetersburg.com](mailto:drobinson@sjcpetersburg.com)



St. Joseph Catholic Church  
Petersburg, Virginia

# St. Joseph Catholic Church

## Adult Baptism/ Reception into Full Communion/ Completion of Sacraments of Initiation

Your Spouse's Current Religious Affiliation (if any): \_\_\_\_\_

(b) For you:  This is my first marriage.  I have been married before.

(c) For your spouse:  This is my spouse's first marriage.  My spouse has been married before.

(d) Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(Include locality and country)

Name & Title of Officiating Authority of Marriage: \_\_\_\_\_  
(i.e. Civil government, non-Christian minister, Christian minister, Catholic cleric)

(e) If divorced, have you opened an annulment process  yes  no

If yes, please provide status:  in process  granted  denied

4. I am married, but separated from my spouse.

5. I am divorced and I have not remarried.

6. I am a widow/widower and have not remarried since my spouse's death.

### IV. FAMILY INFORMATION

List the name(s) of any children or other dependents (e.g., Daughter – Jane; Stepson – John).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

List any children who are interested in receiving Baptism, Confirmation and/or First Communion.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Baptism  Confirmation  First Communion

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Baptism  Confirmation  First Communion

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Baptism  Confirmation  First Communion

### V. GENERAL INFORMATION

1. What or who has led you to want to know more about the Catholic Faith? \_\_\_\_\_

2. What are some of the questions or concerns you have about the Catholic Church or about the formation process? \_\_\_\_\_

3. At this point in time, which of the following statements best describes your present feelings and thoughts about the possibility of joining the Catholic Church? (Please check one).

A. I need much more information about the Catholic Church before I would consider joining.

B. I am considering joining, but I am still unsure about it.

C. I am fairly sure that I would like to join, but I still need some time to study and pray about it.

D. I am sure that I want to join the Catholic Church.

For the RCIA process you need a godparent/ sponsor (a practicing and Confirmed Catholic) to accompany you on your faith journey. Do you have a sponsor already? \_\_\_ yes \_\_\_ no

If yes, who is your sponsor? \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Christian Formation Office

Coordinator of Religious Formation: Deebe Robinson | Phone: (804) 733-3115 x 13 | Email: [drobinson@sjcpetersburg.com](mailto:drobinson@sjcpetersburg.com)