

**St. Ambrose
RCIA REGISTRATION FORM**

Full Name (Including Maiden Name) _____

Birth Date and Birth Place _____

Current Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Father's Name: _____

Religious Affiliation of Father: _____

Mother's Full Name Before Marriage: _____

Mother's Religious Affiliation: _____

Were you ever baptized? _____

If yes, give the date, name, denomination, and location of church: _____

Are you married? _____

If yes, name of spouse: _____

List name and location of church where marriage took place: _____

Has your spouse ever been baptized? _____

If yes, into what church (religion) was spouse baptized and where? _____

Has your current spouse ever been divorced? _____

Have you ever been divorced? _____

Had your previous spouse been divorced before your marriage to him/her? _____

Name of Sponsor: _____

Church your sponsor attends: _____

Reason for attending RCIA (please check one):

To join the Catholic Church _____ To learn more about the teachings of the Church _____

To prepare for Confirmation _____ Other _____
