

St. Michael Catholic Church
Rite of Christian Initiation for Adults (RCIA) Registration Form

Name _____
First Middle Last

Address _____
Street City State Zip Code

Phone Number () _____ () _____ **Date of Birth** _____
Home Cell

Email _____

What religion are you? _____

Have you been baptized? ___ Yes ___ No

If yes: Church _____

City, State _____

Date _____

What is your marital status: ___ Single ___ Married ___ Divorced ___ Widow(er)

If you are married, were you married by a Catholic priest or deacon? ___ Yes ___ No

If not married, are you engaged? ___ Yes ___ No

Why do wish to learn more about the Catholic Church?
