

# RCIA REGISTRATION FORM

(Confidential)

Please fill in all blanks. Put N/A where not applicable.

Date \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Maiden (if applicable)

Name by which you wish to be called \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Name and Number City State/Zip Code

PHONE(S): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Present Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

YOUR DATE OF BIRTH \_\_\_\_\_ YOUR PLACE OF BIRTH (city/state) \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Have YOU been baptized? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Place of Baptism \_\_\_\_\_  
Name of Church City and State

Do you have a Certificate of Baptism? \_\_\_\_\_ Yes \_\_\_\_\_ No

Check statements that apply to you:

\_\_\_\_\_ I am married.

\_\_\_\_\_ I am engaged to be married.

\_\_\_\_\_ I have never been married.

\_\_\_\_\_ I am divorced and remarried.

\_\_\_\_\_ I am divorced and not remarried.

\_\_\_\_\_ My spouse has been married before.

\_\_\_\_\_ I have a decree of nullity from a previous marriage.

\_\_\_\_\_ I do not have a decree of nullity from a previous marriage.

Married by: \_\_\_\_\_ Priest \_\_\_\_\_ Minister \_\_\_\_\_ Justice of Peace

To Whom: \_\_\_\_\_ (Give maiden name if applicable.)

Date of Marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

(If more than one marriage, please use space on back.)

If spouse is Catholic and you were married in another church, was a dispensation obtained? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, has this marriage been sanated or convalidated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If spouse is Catholic and you were married by a Justice of the Peace, has your marriage been sanated or convalidated by the church?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(OVER)

SPOUSE'S FULL NAME INCLUDING MAIDEN NAME: \_\_\_\_\_

SPOUSE'S RELIGION: \_\_\_\_\_

NAME OF FIANCE/E: \_\_\_\_\_ HIS/HER RELIGION: \_\_\_\_\_

PLEASE LIST THE NAMES OF YOUR CHILDREN AND INDICATE IF THEY HAVE BEEN BAPTIZED:

NAME	DATE OF BIRTH	BAPTIZED (yes or no)	RELIGION

(Please attach a sheet of paper for information on additional children.)

LIST SOME OF YOUR HOBBIES AND INTERESTS: \_\_\_\_\_

DESCRIBE YOUR RELIGIOUS BACKGROUND: \_\_\_\_\_

**ADDITIONAL MARRIAGES:** (Please include maiden name where applicable)

Married by: \_\_\_\_\_ Priest \_\_\_\_\_ Minister \_\_\_\_\_ Justice of Peace To Whom: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Married by: \_\_\_\_\_ Priest \_\_\_\_\_ Minister \_\_\_\_\_ Justice of Peace To Whom: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Married by: \_\_\_\_\_ Priest \_\_\_\_\_ Minister \_\_\_\_\_ Justice of Peace To Whom: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage \_\_\_\_\_

To be completed by Deacon Tucker later in the class:

This person is: \_\_\_\_\_ to be baptized \_\_\_\_\_ to make a Profession of Faith \_\_\_\_\_ to receive Adult Confirmation at the Cathedral

Appropriate Documents received: \_\_\_\_\_ yes \_\_\_\_\_ no Copy given to church office: \_\_\_\_\_ (date)

Sponsor's Name: \_\_\_\_\_

Does the student wish to become a registered member of St. Christopher's Church? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, has a parish registration form been given to him/her? (Have the person return it to the church office.) **THANK YOU!**