



Rite of Christian Initiation for Adults (RCIA)

Registration Form

Full Name

First _____ Middle _____ Last _____ Maiden _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Extension _____

Cell Phone _____ Email _____

Birth Date _____ Place of Birth: City _____ State _____

Father's Full Name

First _____ Middle _____ Last _____

Mother's Full Maiden Name

Fist _____ Middle _____ Maiden _____

Sacramental Status

Have you been baptized? Yes* No†

*Please provide a copy of your baptismal certificate

†Please provide a copy of your birth certificate

If yes, what religion? _____

If you were baptized Catholic, have you received any of the following sacraments?

Reconciliation/Penance Confirmation First Communion

Marital Status

Single Married Divorced Divorced and Remarried Annulled Annulled and Remarried Widowed

If you are married, what religion is your spouse? _____

Is this the first marriage for your spouse? Yes No

If no, has your spouse received an annulment Yes No

Name and location where your marriage took place

Name _____

City _____ State _____

I, _____ verify that all I have answered is correct and true.

Please print your name

Signature _____ Date _____

Materials Fee - \$85.00 per person

For office use only
Mat fee rcd ____/____/____
Type _____
Rcd by _____