

RCIA REGISTRATION

BIOGRAPHICAL INFORMATION

Name: _____
First Middle Last

Home Phone: _____ Cell Phone: _____ Work: _____

Email Address: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Birth Place: _____ Age: _____
(MM/DD/YYYY) City State

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last (Maiden)

BAPTISMAL INFORMATION

Have you been baptized? _____ Denomination: _____

Place of Baptism: _____
Church City State

Date of Baptism? _____ Do you have a baptismal certificate? _____

Do you have anyone in mind to act as your sponsor? _____ If so, whom? _____
**If you wish, a parishioner can act as your sponsor*

Please complete each section that applies to you

_____ I am married

Spouse's Name: _____ Spouse's Religion: _____
First Middle Last

Place of Marriage: _____
Church City State

Official at the Wedding: Catholic Priest/Deacon _____ Minister _____ Judge _____ Other _____

Is this your first and only marriage: _____ If not, please explain: _____

Is this your spouse's first and only marriage: _____ If not, please explain: _____

_____ I am divorced

Former Spouse's Name: _____ Former Spouse's Religion: _____
First Middle Last

Date of Divorce Decree: _____ Place of Decree: _____
County State

Place of Marriage: _____
Church City State

Official at the Wedding: Catholic Priest/Deacon _____ Minister _____ Judge _____ Other _____

Is this your first and only marriage: _____ If not, please explain: _____

Is this your spouse's first and only marriage: _____ If not, please explain: _____

_____ I am widowed

Was this your first and only marriage? _____ If not, please explain: _____

_____ I am engaged

Name of Future Spouse: _____ Future Spouse's Religion: _____
First Middle Last

Where will you be married? _____ Date of Proposed Marriage? _____
(MM/DD/YYYY)

Is this your first and only marriage: _____ If not, please explain: _____

Is this your spouse's first and only marriage: _____ If not, please explain: _____

_____ I am single (I have never been married)

GENERAL INFORMATION

Do you have a friend, spouse, future spouse, or family member who will attend RCIA sessions with you? _____

If yes, what is their name? _____ Is this person Catholic? _____

Your occupation: _____

Occupation of spouse/future spouse: _____

Will your work or family conflict with participation in weekly gatherings of the RCIA process? _____

Hobbies & Interests: _____

Are you involved with any other volunteer organizations or Christian Service Agencies? _____
