

RCIA CANDIDATE INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Father's full name: _____

Mother's First name and Maiden name: _____

Confirmation Sponsor's name: _____

Your desired Confirmation name (if you choose one): _____

Leave blank until you know for sure.

SACRAMENTS ALREADY RECEIVED (IF ANY)

- **BAPTISM:** Yes / No What religion/denomination?: _____

If Catholic, please request a NEW COPY from your church of Baptism.

If NOT Catholic, please provide a record or some proof of your Baptism.

Date of Baptism: _____ Baptism Certificate Received by Fr. Kris: _____

Place: _____

- **ROMAN CATHOLIC HOLY COMMUNION:** Yes / No

If YES, please request a NEW COPY from your church of Baptism or from the church of your First Communion

Date of Communion: _____ Communion Certificate Received by Fr. Kris: _____

Place: _____

over →

MARITAL STATUS: Married _____ Single _____ Engaged _____ other _____

Have you ever been married in any way? Yes / No

- If currently married, name of spouse: _____

Church / place of marriage: _____

Married by a Catholic Priest/Deacon _____ By a minister _____ By a Civil authority _____

Date of marriage: _____ *Please provide copy of Wedding Certificate*

- If previously married, name of spouse: _____

Church / place of marriage: _____

Married by a Catholic Priest/Deacon _____ By a minister _____ By a Civil authority _____

Marriage ended by Death _____ Divorce and Annulment _____ Divorce only _____

Date marriage ended: _____

Please provide the necessary documentation if remarrying: (death certificate, divorce decree and/or annulment)

- If engaged, name of spouse: _____ Future Wedding Date: _____

Was your **spouse** ever married in any way? Yes / No

If so, name of his/her spouse: _____

Church / place of marriage: _____

Married by a Catholic Priest/Deacon _____ By a minister _____ By a Civil authority _____

Marriage ended by Death _____ Divorce and Annulment _____ Divorce only _____

Date marriage ended: _____

Please provide the necessary documentation if remarrying: (death certificate, divorce decree and/or annulment)

DAYS OF THE WEEK AND TIMES YOU ARE AVAILABLE FOR CLASS.

_____	_____
_____	_____
_____	_____
_____	_____