



# Holy Cross Faith Formation

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[www.holycrossrcc.com](http://www.holycrossrcc.com)

## RCIA Registration Form Due by October 1, 2021

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: (Circle) Male Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### Contact Information

Phone Number (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Primary Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

### Parental Information

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name (Maiden): \_\_\_\_\_ Religion: \_\_\_\_\_

### Sacramental Information

1. Were you ever baptized? NO YES If yes, please answer:

Name of church: \_\_\_\_\_ Officiant: \_\_\_\_\_

Location (City, State, Country): \_\_\_\_\_

Denomination: \_\_\_\_\_ Date of baptism: \_\_\_\_\_

2. Were you ever confirmed? NO YES If yes, please answer:

Name of church: \_\_\_\_\_

## Sacramental Information Continued

Denomination: \_\_\_\_\_ Date of confirmation: \_\_\_\_\_

3. Did you ever receive communion?                      NO                      YES                      If yes, please answer:

Name of church: \_\_\_\_\_

Denomination: \_\_\_\_\_ Date of communion: \_\_\_\_\_

4. Are you currently married?                      NO                      YES                      If yes, please answer:

Name of Spouse: \_\_\_\_\_

Name of church: \_\_\_\_\_ Officiant: \_\_\_\_\_

Date and Place of marriage: \_\_\_\_\_

Prior to this marriage, have **you** ever been married to another person in a church, civilly, or in common law?

NO                      YES                      If yes, please answer **No. 5** (below).

Has **your spouse** ever been married (prior to your marriage) to another person in a church, civilly, or in common law?                      NO                      YES                      If yes, please answer **No. 6** (below).

### **No. 5 – Previous Marriage(s) of Inquirer**

How many times were you married? \_\_\_\_\_

To Whom? \_\_\_\_\_

Date and Place: \_\_\_\_\_ Officiant: \_\_\_\_\_

If your former spouse is deceased: Date of death: \_\_\_\_\_ Certificate number: \_\_\_\_\_

If your former marriage(s) was/were declared null by the Church:

Diocese and protocol number: \_\_\_\_\_ Date of decree: \_\_\_\_\_

### **No. 6 – Previous Marriage(s) of Current Spouse**

How many times was he or she married? \_\_\_\_\_

To Whom? \_\_\_\_\_

Date and Place: \_\_\_\_\_ Officiant: \_\_\_\_\_

If their former spouse is deceased: Date of death: \_\_\_\_\_ Certificate number: \_\_\_\_\_

If their former marriage(s) was/were declared null by the Church:

Diocese and protocol number: \_\_\_\_\_ Date of decree: \_\_\_\_\_