

RCIA REGISTRATION

Date: _____

Full Name: _____

Spouse's Full Name: _____ Spouse's Religion: _____

Address (Number, Street, City, State, Zip):

Phone: (Home) _____ (Cell) _____ (Bus.) _____

E-Mail: _____

CANDIDATE (Baptized)

CATECHUMENS (Not Baptized)

Date of Birth: _____

Date of Birth: _____

Place of Birth (City, State): _____

Place of Birth (City, State): _____

Father's Name: _____

Father's Name: _____

Father's Religion: _____

Father's Religion: _____

Mother's name w/ Maiden: _____

Mother's name w/ Maiden: _____

Mother's Religion: _____

Mother's Religion: _____

Baptized in what religion? _____

Sponsor: _____

Name of church: _____

Confirmation Name: _____

Location (City, State): _____

If baptized Catholic what sacraments have you received?

1st Holy Communion Confirmation

Marital Status: Married Not Married

If married, was this the first marriage for both you and your spouse? Yes No

If married, were you married in a Catholic Church? Yes No

Sponsors Name: _____

Confirmation Name: _____