

Please fill out one form per person attending RCIA.

Personal Information

First Name: _____ Middle Name: _____

Last Name: _____ Maiden: _____

Address: _____

Phone Number: _____ [] cell _____ [] Home

Email Address: _____

Date of Birth: _____ Place of Birth (City, State): _____

Father's Name: _____

Mother's Name (with maiden name): _____

Sacramental Information

- Baptism: Were you baptized? (Y/N)

If yes—Church: _____ Denomination: _____

Date of Baptism: _____ Church Address: _____

- First Communion: Have you received your First Communion? (Y/N)

If yes—Church: _____ Denomination: _____

Date of First Communion: _____ Church Address: _____

- Confirmation: Have you been confirmed? (Y/N)

If yes—Church: _____ Denomination: _____

Date of Confirmation: _____ Church Address: _____

Marriage Information

- Marital Status: [] Single [] Engaged [] Married [] Divorced [] Separated [] Widowed

If Married: Date of Marriage: _____ Place of Marriage: _____

Name of Spouse: _____ Religion: _____

Was your Marriage officiated by a Catholic Priest or Deacon? (Y/N)

Have you or your spouse ever been previously married to another person in church, civilly, or in common law? Yourself: (Y/N) Spouse: (Y/N)