

RCIA
Registration Form (2020-2021)
(Please Print)

Candidate's Name: _____ DOB: _____ Place of Birth: _____

Candidate's Address: _____

Candidate's Phone: (Home) _____ (Work) _____ (Cell) _____

Candidate's Maiden Name (if applicable): _____

Candidate's Preferred Language: _____

Candidate's E-Mail Address: _____

Candidate's Father's Name: _____

Candidate's Mother's Name: _____

Candidate's Mother's Maiden Name: _____

List Other Emergency Contact Phone Numbers:

Name: _____ Phone: _____ Relationship: _____

I have been Baptized: _____ Denomination: _____ Date: _____

Church: _____ Address: _____

Phone: _____ Baptism Certificate Attached? _____

I have received First Communion: _____ Denomination: _____ Date: _____

Church: _____ Address: _____

Phone: _____ First Communion Certificate Attached? _____

I have received Confirmation: _____ Denomination: _____ Date: _____

Church: _____ Address: _____

Phone: _____ Confirmation Certificate Attached? _____

I have never been married: _____

I am engaged to be married: _____ Fiancé's Name: _____

Fiancé's Address: _____

Fiancé's Religious Affiliation: _____

For You: This is my 1st marriage: _____ I have been married before: _____

For Your Fiancé: This is his/her 1st marriage: _____ My fiancé has been married before: _____

I am married: _____ Spouse's Name: _____

Spouse's Phone: _____

Spouse's Current Religious Affiliation: _____

For You: This is my 1st marriage: _____ I have been married before: _____

For Your Spouse: This is his/her 1st marriage: _____ My spouse has been married before: _____

Date of Marriage: _____ Place of Marriage: _____

Address: _____

Officiating Authority of Marriage: _____

(Civil Government, non-Christian Minister, Christian Minister, Catholic Clergy)

I am married, but separated from my spouse: _____

I am divorced and I have not remarried: _____

I am a widow / widower and have not remarried since my spouse's death: _____

FAMILY INFORMATION

(List any children or other dependents – i.e. Daughter, Son, Step-Children)

Name: _____ Relationship: _____ Age: _____

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Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Please list any other household contact information you wish to share (i.e. work/home e-mail addresses, other phone numbers, etc.) _____

WE WILL NEED A COPY OF YOUR BIRTH CERTIFICATE AND ANY OTHER SACRAMENTAL CERTIFICATES AS SOON AS POSSIBLE. THANK YOU

Candidate's Signature

Date