

HOLY CROSS PARISH RCIA INFORMATION FORM

Name: _____ Date of Birth: ___/___/___ Place of Birth: _____
 First Middle Last

Address: _____
 Street City State Zip

Email: _____ Phone: _____/_____/_____
 Home Work Cell

Father's Name: _____ Mother's Name/Maiden Name: _____

Date of Registration at Holy Cross Parish: _____

BAPTISM/SACRAMENT STATUS: (Check One)

Un-Baptized () Baptized () – Denomination: _____

Date _____ Church & Location _____

For any baptism, a copy must be provided. Provided? Yes ___No___

Received **First Communion** at _____
 Church City, State Date

Received **Confirmation** at _____
 Church City, State Date

MARITAL/SACRAMENT STATUS: (Check all that Apply)

Married () Single () Engaged () Widowed () Divorced ()

*****If MARRIED: (Report info on all marriages-civil or religious)**

Is this your first marriage? Yes ___No___

(If Yes): Name of Spouse _____

Is your present spouse Catholic? Yes___ No___

If yes, Sacraments received: Baptism___ Communion___ Confirmation___

Were you married before a Catholic Priest/Deacon? Yes___ No___

If no, was a Dispensation form granted? Yes___ No___

Is this the first marriage for your spouse? Yes___ No___

If no, has an annulment been granted? Yes___ No___

Is his/her former spouse living? Yes___ No___

(If No): Is your former spouse living? Yes___ No___

Were you married before a catholic Priest/Deacon? Yes___ No___

If no, was a Dispensation form granted? Yes___ No___

Was this the first marriage for your spouse? Yes___ No___

*****If DIVORCED: (if more than one divorce, please give info on each.)**

Have you remarried? Yes___ No___

(If Yes): Was an annulment granted? Yes___ No___

(If No): Do you have intend to remarry? Yes___ No___

If yes, have you been granted an annulment? Yes__ No__
If not, is an annulment in process? Yes__ No__
Is your former spouse living? Yes__ No__

*****If ENGAGED:**

Is your fiancée Catholic? Yes__ No__

Will this be his/her first marriage? Yes__ No__

(If NO): Has an annulment been granted? Yes__ No__

If not, is an annulment in process? Yes__ No__

Is his/her former spouse living? Yes__ No__

*****If SINGLE:**

Are you living with someone without benefit of marriage? Yes__ No__

Names and ages of children (If any): _____

REMARKS/HELPFUL COMMENTS: