

RCIA REGISTRATION FORM

Name: _____

Address: _____
Street Apt. #

_____ City Zip

Phone #'s Home: _____ Work: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____ Religion: _____

Mother's Full **Maiden** Name: _____ Religion: _____

Have you ever been baptized: Yes No Unsure Mormon

If baptized:
Date of Baptism: _____ City/State of Baptism: _____

Name of Church/Denomination: _____

Sponsor: Yes No Sponsor Name: _____

Sponsor E-Mail: _____

Marital Status:

Single, never married Engaged Married Separated Divorced Widowed

If applicable:

Name of Spouse: _____ Religion: _____

Name(s) of children:

_____	Age: _____	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion: _____
_____	Age: _____	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion: _____
_____	Age: _____	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion: _____

If you are currently married:

Is the current marriage YOUR: 1st 2nd 3rd Other: _____

Is it your current SPOUSE'S: 1st 2nd 3rd Other: _____

You were married by: Catholic Priest Minister Rabbi Judge Other: _____

If you are currently divorced, number of prior marriages: _____

Annulment(s) needed? _____

Ex-spouse(s) previously married? _____

If you are now engaged:

Anticipated date of marriage: _____ Where? _____

Begun marriage prep? Yes No When? _____ With whom? _____

Name of fiancé: _____ Religion: _____

Fiancé Baptized? Yes No

Previously married? Yes No

Other comments/information:
