

RCIA Registration

Name : _____

Date of Birth : _____

Street Address: _____

City, State and Zip: _____

Phone Numbers:

(H) _____ (W) _____ (cell) _____

E-mail: _____

Spouse/Parent:

Name: _____ Religion: _____

Marital Status: Single Engaged Married Separated
(circle one)

Divorced Remarried Widowed

Marriage Ceremony: Church _____

Denomination _____

Civil _____

Place _____

If you have been baptized, please give the following information:

Denomination _____

Church of Baptism _____ Date of Baptism _____

Location: (city, state, country) _____

Other sacraments you have received: _____

What attracted you to this parish? _____

Is there anything else you would like to tell us about yourself? _____
