RCIA – Registration Form Church of Reception: _____ RCIA Sponsor: _____

Date of Reception ____/____/____ Presider: _____

Name: _____
First Middle Last

Address: _____
Street City, State Zip

Phone: _____/_____/_____
Home Phone **Cell Phone** **Email Address**

Date & Place of Birth: ____/____/____ _____
City State

Father's Name: _____ Living ◯ Deceased ◯

Mother's Name: _____ (_____) Living ◯ Deceased ◯
Mother's Maiden Name

Father's religion: _____ Mother's religion: _____

Were you baptized? _____ If yes, Date of Baptism: ____/____/____

Name of Church: _____

Godfather: _____

Godmother: _____

Address of Church: _____
Street City State Zip

Denomination (i.e. Methodist, Baptist, Lutheran, etc):

Have you ever been confirmed? _____ Received Communion? _____

Church: _____ Church: _____

Denomination: _____ Denomination: _____

Date of Confirmation: ____/____/____ Date of Communion: ____/____/____

Have you ever started the RCIA process before? _____

If yes, when? _____ where? _____

Are you currently married? _____Yes (complete "A" below) _____No (complete "B" below)

A. Spouse's Name: _____
First Maiden Last

Date & Place of Marriage: ____/____/____ _____

City & State of Marriage: _____

Officiate: _____
Name Title

Prior to this marriage, have you ever been married to another person in Church, civilly, or in common law?

You _____ Has your spouse? _____

B. If no, have you ever been married before to another person in church, civilly, or in common law? _____

_____***I attest that the above answers are true and complete to the best of my knowledge.***

_____ _____/_____/_____ _____
Signature of inquirer Date Signature of interviewer

For Office Use: **Baptism:** _____ **1st Communion:** _____ **Confirmation:** _____ **Confirmation Priest:** _____

(or Baptismal certificate attached): _____ **Sacrament(s) Recorded:** _____ ____/____/____