

RCIA REGISTRATION FORM

PLEASE RETURN THIS FORM TO *Sr. Joan at St. Vincent's or Fr. Mike at St. Joseph's*

General Information

Name First _____ Middle _____ Last _____ Maiden _____

Address _____ City _____ State _____ Zip _____

Telephone (include area code) Home _____ Work _____

E-mail Address _____

Date and place of birth _____

Religious Information

Are you baptized? () yes () no

If yes, name and location of church _____

Name of attending minister/priest, if known _____

Have you ever received any of the following? (check all that apply)

() First Communion When _____ Where _____

() Reconciliation When _____ Where _____

() Confirmation When _____ Where _____

Family Background

Father's name _____ Religion _____

Mother's maiden name _____ Religion _____

Marital Status Information

Check the following:

() never married () presently separated

() married only once () divorced, not remarried

() presently married () divorced and remarried

() engaged When (if applicable) _____

Where (if applicable) _____

If presently married only once: When _____ Where _____

Name of priest/minister/public official, if known _____

Before marrying you, was your current spouse ever married? () yes () no

(CONTINUED ON BACK)

Fiancee/Spouse Family Information

Name _____

Has your fiancee/spouse previously been married? () yes () no

If yes, has your fiancee/spouse received an annulment? () yes () no

Date and place of previous wedding _____

Religion of fiancee/spouse _____ Currently active () yes () no

Names and ages of children _____

Faith Background

Which of the following statements best describes why you want to be with the RCIA process?

() I want to know more about the Catholic faith

() I think want to become a Catholic

() I am pretty sure I want to become a Catholic

() I know I want to become a Catholic

() I was an inactive Catholic and now want to become active

() Other _____

