

Date of Registration _____

Fee Paid \$ _____ Date _____

***LEGAL NAME AS APPEARS ON BIRTH CERTIFICATE**

Last Name _____ First _____ Middle: _____ Maiden: _____

Address _____ City _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell # _____

TEXT Messaging YES NO E-mail Address: _____

Birth Father's Name _____ Birth Mother's Name _____

Birth Mother's Maiden Name: _____

Date of Birth _____ Place of Birth - City / State / Country _____

Emergency Contact Name: _____ Relationship: _____ Phone#: _____

Have you been baptized in any Church? YES NO Denomination of Church of Baptism _____

Name of Church of Baptism _____ City / State / Country _____

***A COPY OF YOUR BAPTISMAL CERTIFICATE ISSUED IN THE PAST 6 MONTHS IS REQUIRED BY OCTOBER 15**

Church currently attending _____

Why are you interested in R.C.I.A.? _____

SELECT the sacraments you are interested in receiving in the Catholic Church.

BAPTISM CONFIRMATION RECONCILIATION FIRST EUCHARIST MARRIAGE

CURRENT Marital Status. SINGLE MARRIED DIVORCED WIDOW/ER

The number of times you have been married in a civil ceremony. _____

The number of times you have been married in a church ceremony. _____

Denomination of the church / churches _____

The number of times your spouse has been married _____

OFFICE USE ONLY

BIRTH CERTIFICATE _____ BAPTISM CERTIFICATE _____ INTERVIEW _____

CATECHUMEN _____ CONFIRMATION _____ FULL RECEPTION _____

SACRAMENTS TO RECEIVE _____
BAPTISM CONFIRMATION EUCHARIST RECONCILIATION

SPONSOR NAME _____ CONFIRMATION NAME _____