

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 IS REQUIRED WITH THE APPLICATION IF YOU ARE BAPTIZED**

IF YOU ARE NOT BAPTIZED WE NEED A COPY OF YOUR BIRTH CERTIFICATE

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 _____