

**RCIA REGISTRATION**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ Spouse's Religion: \_\_\_\_\_

Address (Number, Street, City, State, Zip):  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Bus.) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**CANDIDATE (Baptized)**

**CATECHUMENS (Not Baptized)**

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's name w/ Maiden: \_\_\_\_\_

Mother's name w/ Maiden: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Baptized in what religion? \_\_\_\_\_

Sponsor: \_\_\_\_\_

Name of church: \_\_\_\_\_

Confirmation Name: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

If baptized Catholic what sacraments have you received?

1<sup>st</sup> Holy Communion     Confirmation

Marital Status:  Married     Not Married

If married, was this the first marriage for both you and your spouse?  Yes     No

If married, were you married in a Catholic Church?  Yes     No

Sponsors Name: \_\_\_\_\_

Confirmation Name: \_\_\_\_\_