

RCIA Registration (v.10102018)

Name: _____

Address: _____
street municipality postal code

Telephone: Day () _____; Evening () _____;
Cell () _____ Email: _____

Date of Birth: _____ Place of Birth _____

Father's Full Name: _____
& Religious affiliation: _____

Mother's Full Maiden Name: _____
& Religious affiliation: _____

Do you attend Catholic services of worship now? Yes No

If yes, where? _____

...

Baptism Information (to be completed by those both baptized in the catholic church or another Christian community; please attach a copy of baptism certificate)

Date of Baptism: _____ Denomination _____

Name of Church: _____
Address: _____

...

Catholic Sponsor Name: _____

Address: _____

Telephone: _____ Email: _____

Marital Status:

Are you? Married Separated/Divorced Widow/er
 Remarried Annulled Never Married

Name of Current Spouse: _____ Religion: _____

Church/Place of Marriage: _____

If you have been previously married, how many times? _____

Has your spouse been previously married? Yes No how many times? _____

If you or your spouse has been previously married, was a Declaration of Nullity or a "Privilege of the Faith" dispensation granted?

You: Yes No ; Your spouse: Yes No

Were any of the marriages validated (blessed) or sanated in the Catholic Church?

Yes No

Notes:

Are you considering marriage in the Catholic Church? Yes No

Name of intended spouse: _____ Religion: _____

Has your intended spouse been married before? Yes No

Has the Church granted a Declaration of Nullity or Privilege of Faith: Yes No