

RCIA Registration

NAME: _____

BIRTHDATE: _____

Street Address: _____

City, State and Zip: _____

Name of Residential Development: _____

Phone Numbers:

(H) _____ **(W)** _____ **(cell)** _____

E-mail: _____

Spouse/Parent:

Name: _____ **Religion:** _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone: _____

Marital Status:
(circle one)

Single Engaged Married Separated
Divorced Remarried Widowed

Marriage Ceremony:

Church_____

Denomination_____

Civil_____

Place_____

If you have been baptized, please give the following information:

Denomination_____

Church of Baptism_____

Date of Baptism_____

Location: (city, state, country)_____

Other sacraments you have received:_____

What attracted you to this parish?_____

Is there anything else you would like to tell us about yourself?_____
