

Rite of Christian Initiation of Adults Registration Form  
(RCIA)

Please print all information

First Name of Candidate \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_  
Father's First Name \_\_\_\_\_ Last name \_\_\_\_\_  
Mother's (Maiden Name) First \_\_\_\_\_ Last name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Baptism**

Were you baptized in the Catholic Church? \_\_\_ Yes or \_\_\_ No  
If no from what Church were you baptized? \_\_\_\_\_  
Date of baptism \_\_\_\_\_ Do you have a baptismal certificate \_\_\_ Yes or \_\_\_ No?  
If no please list name of church below  
Name of Church \_\_\_\_\_ City /State \_\_\_\_\_  
Name of Sponsors \_\_\_\_\_ and \_\_\_\_\_

**Communion**

Did you receive your first communion \_\_\_ Yes or \_\_\_ No  
If yes please give us the following information  
Date of Communion \_\_\_\_\_  
Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

**Marriage**

Are you married \_\_\_ Yes or \_\_\_ No  
Was it a Catholic Marriage in the Church \_\_\_\_\_ Yes or \_\_\_\_\_ No  
If no, do you have plans to be married in the Catholic Church? \_\_\_ Yes or \_\_\_ No  
If you were married in the Catholic Church please give us the name below  
Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

**Confirmation**

Were you confirmed? \_\_\_ Yes or \_\_\_ No  
If yes please give us the following information  
Date of Confirmation \_\_\_\_\_  
Name of Church \_\_\_\_\_ City/State \_\_\_\_\_  
Name of Sponsor \_\_\_\_\_

Name of interviewing Minister \_\_\_\_\_  
Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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