ST. JOSEPH CHURCH

Registration for the Rite of Christian Initiation of Adults (RCIA)

Name: _____
First Middle Last Maiden

Date of Birth: _____ Place of Birth: _____
City State Country

Father's Name: _____ Mother's Name _____
First Last First Maiden

Address: _____
Street City State ZIP

Telephone: _____ _____ _____
Home Work Cell

Email Address: _____

Baptismal Status (Please check one. If baptized, please provide Baptismal Certificate)

_____ Unbaptized
_____ Baptized non-Catholic; Denomination _____
_____ Baptized Catholic (need certificate no older than 6 months with notations)

Communion and Confirmation Status

_____ Received First Communion
_____ Did not receive First Communion
_____ Received Confirmation
_____ Did not receive Confirmation

Marital Status

_____ Single (never married)
_____ Separated
_____ Married
_____ Widowed
_____ Divorced
_____ Divorced and Remarried

If you checked "Married" please indicate type of marriage:

_____ Civil Marriage
_____ Catholic Marriage
_____ Non-Catholic Christian Marriage

Your spouse is:

_____ Catholic _____ Non-Catholic Christian _____ Unbaptized