

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 Cell

Email Address: _____

Please provide a copy of your Birth Certificate.

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

_____ Unbaptized

_____ Baptized non-Catholic; Denomination _____

_____ Baptized Catholic

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

If you or your current spouse were previously married, was the Marriage Annulled by the Catholic Church?

_____ Yes _____ No

If Married, Your spouse is:

_____ Catholic

_____ Non-Catholic Christian

_____ Unbaptized