RCIA MARRIAGE INFORMATION

1.	Name: [] Mrs. [] Miss			
	Maiden Name:			
	Address:			
	City			
	Telephone: (Home) (cell)	(Work)		
	Date of Birth:	Age:		
	Father' Name and Address:	Mother's Maiden Name and Address		
	Religion:	Religion:		
2.	Have you ever been baptized in any religion? [] Yes [] No			
	Date of baptism:	Religion:		
	Place of baptism:			
	What is your present religion?			
	When did you join this present religion:			
3.	If you have been married before please list all your former spouses below (including name of each), and fill out a separate beige page for each:			
	A. Name of first spouse:			
	Date of Marriage:			
	Place of Marriage:			
	City / State:			

	This person's religion at time of marriage:
	If one party was Catholic, was this marriage in the Catholic Church [] Yes [] No [] Does not apply
	How did the marriage end? [] Divorce [] Death [] Civil Annulment
	Date of decree and/or death:
	Place where decree was issued:
В.	Name of second spouse:
	Date of Marriage:
	Place of Marriage:
	City / State:
	This person's religion at time of marriage:
	If one party was Catholic, was this marriage in the Catholic Church [] Yes [] No [] Does not apply
	How did the marriage end? [] Divorce [] Death [] Civil Annulment
	Date of decree and/or death:
	Place where decree was issued:
C.	Name of third spouse:
	Date of Marriage:
	Place of Marriage:
	City / State:
	This person's religion at time of marriage:
	If one party was Catholic, was this marriage in the Catholic Church [] Yes [] No [] Does not apply
	How did the marriage end? [] Divorce [] Death [] Civil Annulment
	Date of decree and/or death:

	Place where decree was issued:			
	If you have been married more than three times, list additional spouses on a separate page, and include beige pages.			
4.	Have you ever applied to any Catholic Church Tribunal for a decision regarding your former marriage(s)? [] Yes [] No			
	If so, please explain when, where, and circumstances			
5. Are you presently remarried? [] Yes [] No If yes, please answer Question No. 6.				
	OR			
	Are you planning to remarry? [] Yes [] Not presently If yes, please answer Question No. 7			
6.	Name of present spouse (include maiden name):			
	Date of Birth: Religion:			
	Date of Marriage:			
	Place of Marriage:			
	City / State:			
Has your present spouse been married before? [] Yes [] No If so, please list names below (included maiden name):				
	A. First Spouse:			
	Date of Marriage:			
	Place of Marriage:			
	City / State:			
	This person's religion at time of marriage:			
	If one party was Catholic, was this marriage in the Catholic Church			

[] Yes [] No [] Does not apply			
How did the marriage end? [] Divorce [] Death [] Civil Annulment			
Date of decree and/or death:			
Place where decree was issued:			
B. Second Spouse:			
Date of Marriage:			
Place of Marriage:			
City / State:			
This person's religion at time of marriage:			
If one party was Catholic, was this marriage in the Catholic Church? [] Yes [] No [] Does not apply			
How did this marriage end? [] Divorce [] Death [] Civil Annulment			
Date of decree and/or death:			
Place where decree was issued:			
If there were more than two previous spouses, please list on separate page.			
If you are not married but are planning to marry: (Please note: Do not set date for upcoming marriage until process is completed.) Name of person you plan to marry (include maiden name):			
Address:			
City State Zip			
Date of Birth: Religion:			
Has this person been married before? [] Yes [] No If so, please list names below (include maiden name):			

7.

	A. First Spouse:
	Date of Marriage:
	Place of Marriage:
	City / State: This person's religion at time of marriage:
	If on party was Catholic, was this marriage in the Catholic Church? [] Yes [] No [] Does not apply
	How did the marriage end? [] Divorce [] Death [] Civil Annulment
	Date of decree and/or death:
	City/State where decree was issued:
В.	Second Spouse:
	Date of Marriage:
	Place of Marriage:
	City / State:
	This person's religion at time of marriage:
	If one party was Catholic, was this marriage in the Catholic Church? [] Yes [] No [] Does not apply
	How did the marriage end? [] Divorce [] Death [] Civil Annulment
	Date of decree and/or death:
	City/State where decree was issued:
lf tl	here were more than two previous spouses, please list on separate page.
	Signature Of Applicant Date
Sign	nature Of Assisting Pastoral Minister
Ch	urch:
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Address:			
City:	State:	Zip:	