

R.C.I.A.
(Right of Christian Initiation of Adults)
REGISTRATION FORM

Name: _____ Today's Date: _____

Home Phone: _____ Cell Phone: _____ Text Okay? _____

Date of Birth: _____ E-mail: _____

Mailing Address:

Street

City

State

Zip

Sacraments you are Requesting: _____ Baptism _____ First Communion _____ Confirmation

Or: _____ I am curious about the Catholic faith and not seeking any Sacraments at this time.

Are you currently going to Mass on a weekly basis?

_____ No. How often do you typically attend Mass? _____

_____ Yes. Which Holy Trinity Mass time do you usually attend? _____

Or: _____ I attend Mass at another Parish: _____

and I am seeking my Sacraments at Most Holy Trinity Parish instead of my home parish because:

Current Marital Status:

_____ Single, Never Married

_____ Married in the Catholic Church

_____ Divorced

_____ Married civilly or in another faith

_____ Unmarried, Cohabiting

_____ Married, Separated from my spouse

_____ Engaged to be married in the Catholic Church. ***Engaged couples are encouraged to attend classes together.*

Fiancé's Name: _____

Wedding Date: _____ Church: _____

If Married or Engaged:

_____ This is my first marriage

_____ This is my spouse's first marriage

_____ I was previously divorced

_____ My spouse was previously divorced

_____ I was previously married and
my spouse passed away

_____ My spouse was previously married
his/her spouse passed away

If requesting Baptism, please complete the following:

Father's Name: _____

Mother's Name: _____ Mother's Maiden Name: _____

Place of Birth: _____ Birthdate: _____

****For Baptism, one Godparent is required. Two are optional. Please see the handout "Guidelines for RCIA Sponsors" as you consider who to ask to be your Godparent.*

****Your Godparent may not be your parents, your spouse, or your spouse's parents.*

Godfather: _____ Cell Phone: _____ Text okay? ____

E-mail: _____

Godmother: _____ Cell Phone: _____ Text okay? ____

E-mail: _____

****Your Birth Certificate is required****

If Baptized in another Christian faith, please complete the following:

Place of Birth: _____ Birth Date: _____
City State

Place of Baptism: _____ Baptism Date: _____
City State

****Your Baptism Certificate is required****

If requesting Confirmation, please complete the following:

**** For Confirmation, one Sponsor is required. Two are optional. Please see the handout "Guidelines for RCIA Sponsors" as you consider who to ask to be your Godparent.*

****Your Sponsor may not be your parents, your spouse, or your spouse's parents.*

Sponsor: _____ Cell Phone: _____ Text okay? ____

E-mail: _____

****Your Baptism Certificate is required****