RCIA APPLICATION FORM

Name _____ Phone _____
Last Middle First

E-mail _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Birthplace _____

Father's Name _____ Religion _____

Mother's First & Maiden Name _____ Religion _____

Have you been baptized? _____ Yes _____ No

If yes, in what denomination? _____ More than once?_____
When _____
Where _____

If you were baptized Catholic, did you make your 1st Penance in the Catholic Church?
_____ Yes _____ No

If you were baptized Catholic, did you make your 1st Communion in the Catholic Church?
_____ Yes _____ No

If you were baptized Catholic, did you receive Confirmation in the Catholic Church?
_____ Yes _____ No

Marital Status: _____Single _____Married _____Widow _____Divorced

If you are married, did you marry a Catholic? _____ Yes _____ No

Is this your first marriage? _____ Yes _____ No

Were you married by a Catholic priest or deacon? _____ Yes _____ No

When _____ Where _____

If you are divorced, did you remarry? _____ Yes _____ No

If you are remarried, do you have a Catholic Church annulment? _____ Yes _____ No

Is this your spouse's first marriage? _____ Yes _____ No

Please email your filled out form to Nancy Stroud at n.stroud@charlestondiocese.org

Questions call 843-556-0801