

Rite of Christian Initiation of Adults (RCIA) Information Sheet

Please fill out the following information. All information is kept confidential. This form does not indicate a commitment of any kind but helps us to know and serve you better. Thank you.

Name

Last: _____ First: _____ Middle: _____

Preferred Name: _____

Current Address

Street: _____ City: _____ State: _____

Phone: _____ e-mail: _____

Personal History

Date of Birth: _____

Place of birth: City: _____ State: _____

Father's Full Name: _____ Father's Religion: _____

Mother's Full Maiden Name: _____ Mother's Religion: _____

RCIA Sponsors Name: _____

Marital Status/History (Please check all that apply)

I am currently: ☐ Single ☐ Married ☐ Divorced ☐ Separated

☐ Engaged to be married ☐ Not married but living with significant other

If married: Is your spouse Catholic? Yes No Church where you were married: _____

If you were not married in the Catholic Church, who married you? ☐ Minister ☐ Judge/JP ☐ Other

Have you or your spouse had a previous marriage? Yes No

Religious Background

Have you ever been baptized? Yes No Unsure

Date of Baptism: _____ Church of Baptism: _____

City: _____ State: _____

In what religious denomination were you raised: _____

Circle the approx. number of years of Christian education or Sunday school that you attended 0 1 2 3 4 5 6 7 8 9 10+

Who or what has led you to come to RCIA at this time?

Sacraments needed:

☐ Baptism ☐ Penance ☐ Eucharist ☐ Confirmation