RCIA CANDIDATE REGISTRATION FORM

Name_____

Address_____

Phone_____**day**_____**evening**

Date/City/State of Birth_____

Father's Full Name_____

Mother's Full Name (Maiden)_____

Were you Baptized? Yes_____ **No**_____

If yes, Name of Church_____
Address_____
Date of Baptism_____

Are you married? Yes_____ **No**_____

If yes, Name of spouse_____

Place of Marriage_____
Date of Marriage_____
Children Yes_____ **No**_____

Any previous marriages? Yes_____ **No**_____

If yes, was your marriage annulled? Yes_____ **No**_____

***FOR OFFICE USE ONLY*: Holy Saturday Vigil Date:**_____

Sacraments received: Baptism:_____**First Eucharist:**_____
Confirmation:_____**Reconciliaton:**_____

Copy of Baptismal Certificate_____**(copy attached)**

Confirmation name:_____

Confirmation sponsor:_____