

RITE OF CHRISTIAN INITIATION OF ADULTS

NAME IN FULL _____
(Surname) (First Name) (Middle Name)

MAIDEN NAME (if applicable) _____

ADDRESS _____ P.CODE _____

PHONE (Home) _____ (Work) _____

E-MAIL _____

OCCUPATION _____

BIRTH DATE _____ BIRTH PLACE _____

FATHER'S NAME _____

MOTHER'S FIRST NAME & MAIDEN NAME _____

BAPTIZED: YES NO (Circle one)

DATE OF BAPTISM _____ DENOMINATION _____

CHURCH & LOCATION OF BAPTISM _____

A copy of your original Baptismal certificate is required.

MARRIED/ SINGLE/ WIDOWED/SEPARATED/DIVORCED/DIVORCED & REMARRIED
(Circle Those Applicable) If married a copy of your marriage certificate is required.

DATE & PLACE OF MARRIAGE _____

NAME OF PRESENT SPOUSE _____

IF DIVORCED AND/OR REMARRIED:
NAME OF FORMER SPOUSE _____

DATE & PLACE OF PREVIOUS MARRIAGE _____

RCIA SPONSOR / GODPARENT _____