RCIA Information Form

PLEASE FILL IN ALL INFORMATION

Full Name_____Age_____
First Middle Last

Address_____

Phone Number_____Religion_____

Date of Birth _____

Place of Birth (City)_____(State)_____

Date of Baptism

_____

Church of Baptism _____

Place of Baptism (City)_____(State)_____

Date & Place of Marriage _____

- If you or your spouse is married more than once, contact the priest.
- If not married in a Catholic Church, contact the priest.

Father`s Name (first & last)_____

Father's Religion_____

Mother`s Maiden Name (first & last)_____

Mother's Religion_____

*********IF YOU HAVE BEEN BAPTIZED A COPY OF YOUR **********
BAPTISM CERTIFICATE IS NEEDED.

To be completed by RCIA Leader:

Sponsor`s Name_____

Confirmation Name_____

Sacraments Needed:

Baptism _____

Confirmation _____

Eucharist _____

Reconciliation _____