ST. PETER CHURCH
R.C.I.A. REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

LAST NAME & FIRST INITIAL _____ DATE _____

SACRAMENTS RECEIVED (Easter Vigil or Date)

BAPTISM EV or ____/____/____
CONFIRMATION EV or ____/____/____
FIRST COMMUNION EV or ____/____/____

RECEPTION INTO CHURCH ____/____/____

FULL NAME: _____
First Middle Last

SPOUSE'S NAME: _____
First Middle Maiden Name

ADDRESS: _____ CITY _____ ZIP_____

TELEPHONE: HOME _____ WORK _____DATE OF BIRTH ____/____/____

BIRTHPLACE: _____ EMAIL: _____
City State Zip

HAVE YOU BEEN BAPTIZED? YES ____ NO ____ (certificate required if yes) DATE OF BAPTISM ___/____/____

AGE AT THE TIME OF BAPTISM _____ RELIGION OF BAPTISM _____

LOCATION OF BAPTISM: _____
City State Name of Church

RCIA SPONOR(S) _____
(must be practicing Catholic) (can be different than godparents or Confirmation sponsor)

FATHER'S FULL NAME _____ RELIGION _____

MOTHER'S FULL NAME with MAIDEN NAME _____ RELIGION _____

CHECK THE FOLLOWING THAT DESCRIBES YOUR MARTIAL STATUS:

I AM SINGLE _____ I AM MARRIED _____ I AM DIVORCED _____ I AM SEPERATED _____

I AM DIVORCED AND REMARRIED _____ I AM PLANNING MARRIAGE _____

IF YOU ARE MARRIED PLEASE RESPOND YES OR NO TO THE FOLLOWING QUESTIONS:

IS YOUR SPOUSE CATHOLIC? _____ HAS YOUR SPOUSE BEEN BAPTIZED? _____

IS THIS YOUR SPOUSES FIRST MARRIAGE? _____

IF MARRIED, DIVORCED OR DIVORCED AND REMARRIED COPIED OF CERTIFICATES ARE REQUIRED.

LIST NAMES & AGES OF YOUR IMMEDIATE FAMILY (HUSBAND, WIFE, SONS, DAUGHTERS). LIST IF ANY WILL REQUIRE SACRAMENTS AND IF ANY CHILDREN ARE IN SCHOOL OR ATTEND RELIGION CLASSES.

_____

_____

ARE YOU GOING TO REGISTER AT ST. PETER PARISH? YES _____ NO _____

FOR R.C.I.A. STAFF USE ONLY

NOTES: **BAPTISMAL CERTIFICATE RECEIVED** ____/____/____

_____

_____ Rev. 10/2007