

RCIA Registration

Rite of Christian Initiation

St. John the Baptist Catholic Church

JOURNEY
OF
Faith

Information on this form is held in confidence and is not shared without your permission.

Date: _____

First Name: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____ Date of Birth: _____

Name of Father: _____ Name of Mother: _____

CONTACT INFORMATION

Street/PO Box Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

May we contact you via text messaging? _____ Email: _____

HISTORY

1. What, if any, is your present religious affiliation? _____

2. Have you ever been baptized? _____

If yes, please answer the following:

a. In what denomination were you baptized? _____

b. Date or your approximate age when you were baptized? _____

c. Baptismal Name (if different from your current name): _____

d. Place of Baptism (name of church/denomination): _____

e. Address, if known: _____

3. If you were baptized as a Catholic, check those sacraments you have already received:

Confession/Reconciliation

Eucharist/First Communion

Confirmation

CURRENT MARITAL STATUS

Check the appropriate statement(s) below and provide any information requested beneath each statement.

1. I have never been married.

2. I am engaged to be married.

a. Your Fiancé(e)'s Name: _____

b. Your Fiancé(e)'s Current Religious Affiliation (in any): _____

c. For you: This is my first marriage I have been married before

d. For your Fiancé(e): This is his/her first marriage My Fiancé(e) has been married before

3. I am married.

a. Your Spouse's Name: _____

b. Your Spouse's Current Religious Affiliation (if any): _____

c. For you: This is my first marriage I have been married before

d. For your Spouse: This is my spouse's first marriage My spouse has been married before

e. Date of Marriage: _____

f. Place of Marriage: _____

g. Officiating Authority of Marriage: _____
(Civil government, non-Christian minister, Christian minister, Catholic Cleric)

4. I am married, but separated from my spouse.

5. I am divorced and I have not remarried.

6. I am a widow/widower and have not remarried since my spouse's death.

FAMILY INFORMATION

List the name(s) of any children or other dependents (e.g., daughter; stepson)

Relationship: _____ Name: _____ Age: _____

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