

RCIA Registration Form

Date: _____

Student

Last Name: _____ First _____ Middle _____

Gender: Male Female Date of Birth: _____

Marital Status: Single Engaged Married Divorced Widow/Widower
Cohabiting

Father's Name: _____

Mother's Name First: _____ Maiden Name: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Best to reach you) _____

Email Address: _____

| Sacramental History: | Yes | No | Date | Place |
|------------------------|--------------------------|--------------------------|----------------|-------|
| ❖ Baptism | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | _____ |
| ❖ Eucharist | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | _____ |
| ❖ Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | _____ |
| ❖ Sacramental Marriage | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | _____ |

If married or cohabiting please fill in spousal information:

Spouse First Name: _____ Middle: _____ Last: _____

Phone #: (Best Contact to reach him/her) _____

Email address: _____