

# St. Pius X RCIA / Adult Sacrament Information Form

<input type="checkbox"/>	<b>Catechumen (Never Baptized)</b>
<input type="checkbox"/>	<b>Candidate (Baptized Christian)</b>
<input type="checkbox"/>	<b>Confirmation (Baptized Catholic)</b>
<input type="checkbox"/>	<b>1st Communion (Baptized Catholic)</b>

**Last Name:** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

If married, Maiden Name: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Communications will be mailed to this address.

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Certificate received

City of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Mother's Full Name: (First and Maiden) \_\_\_\_\_

Father's Full Name: (First and Last) \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you been baptized in a Christian church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the following questions:

Denomination you were baptized in? \*\*\*

\_\_\_\_\_  
(example: Methodist, Baptist, etc)

Name of the Church where you were baptized? \_\_\_\_\_ Certificate received

\_\_\_\_\_  
(example: Northway Baptist Church)

Church City and State: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

\*\*\*If Baptized Catholic, please submit a copy of your Baptism Certificate.

Other supplemental forms that we need:

All Candidates must submit a copy of their birth certificate. This information is for the sacramental registry and sacramental certificate.

Present Religious Affiliation (if any) \_\_\_\_\_

List all sacraments you have received: (if Catholic)

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What has led you to want to learn more about the Catholic faith?

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What contact have you had with the Catholic Church thus far?

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What questions do you have about the Catholic Church?

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How certain are you that you want to join the Catholic Church? \_\_\_\_\_

Names of your children, ages, baptized & where:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Baptized \_\_\_\_\_ Where: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Baptized \_\_\_\_\_ Where: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Baptized \_\_\_\_\_ Where: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Baptized \_\_\_\_\_ Where: \_\_\_\_\_

Are you currently married? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you single? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you engaged? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your fiancée or fiancé ever been divorced? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been divorced? Yes \_\_\_\_\_ No \_\_\_\_\_

If married, has your spouse been divorced? Yes \_\_\_\_\_ No \_\_\_\_\_