



St. Mary Magdalene Catholic Church

Archdiocese of Galveston-Houston

527 S. Houston Ave.

Humble, Texas 77338

281-446-8211 (fax) 281-446-8213

RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)
FAMILY REGISTRATION FORM

Today's Date: _____

Family Information

Family Last Name: _____ Other surnames in household: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

At what parish is your family registered? _____ (Office—reg. no. _____)

Where do you attend Mass? _____ How often do you attend? _____

Mother's Information

Name: _____ Name you go by: _____

Cell Phone: _____ Email: _____

Work Phone: _____ Occupation: _____

Are you Catholic? yes no If not, do you want to become Catholic? yes no

Sacraments received: Baptism Confirmation Eucharist (Holy Communion)

Father's Information

Name: _____ Name you go by: _____

Cell Phone: _____ Email: _____

Work Phone: _____ Occupation: _____

Are you Catholic? yes no If not, do you want to become Catholic? yes no

Sacraments received: Baptism Confirmation Eucharist (Holy Communion)

Couple Information

Are you: married divorced separated widowed engaged cohabitating

If you are married, how long have you been married? _____

If you are married, are you married in the Catholic Church? yes no

If you are not married in the Catholic Church, do you wish to be? yes no



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**RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)
FAMILY REGISTRATION FORM (cont.)**

Children's Information

Child(ren) enrolled in RCIA

Child's Full Name _____ Name he/she goes by: _____

Describe any special needs: _____

Child's Full Name _____ Name he/she goes by: _____

Describe any special needs: _____

Child's Full Name _____ Name he/she goes by: _____

Describe any special needs: _____

Child's Full Name _____ Name he/she goes by: _____

Describe any special needs: _____

Other children

Child's Full Name _____ Sex: male female Age: _____

Sacraments received: baptism confirmation Eucharist (Holy Communion)

Child's Full Name _____ Sex: male female Age: _____

Sacraments received: baptism confirmation Eucharist (Holy Communion)

Child's Full Name _____ Sex: male female Age: _____

Sacraments received: baptism confirmation Eucharist (Holy Communion)

Child's Full Name _____ Sex: male female Age: _____

Sacraments received: baptism confirmation Eucharist (Holy Communion)

Child's Full Name _____ Sex: male female Age: _____

Sacraments received: baptism confirmation Eucharist (Holy Communion)

Child's Full Name _____ Sex: male female Age: _____

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FAMILY REGISTRATION FORM (cont.)

Questions

What brings you and your family to seek sacraments in the Catholic Church at this time?

Describe your present state of marriage. Describe your present family life.

What is your experience of God, church, prayer, worship, religious instruction, & faith life? How do you see yourself in relation to the Church?



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FAMILY REGISTRATION FORM (cont.)

Questions (cont.)

What are some changes you think you need to make at this time in order to practice your faith and raise your children Catholic?

What are some challenges you will face as you strive to make these changes? How can your parish family help you meet these challenges?

What special needs do you have? Is there anything in particular that you are hoping for?

What questions, comments, or concerns do you have?
