

RCIA ENROLLMENT FORM

Name: _____
Last **First** **Middle**

Address: _____

Phone/Cell: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
City **State**

Parents: Father: _____
Last **First**

Mother: _____
Last **First** (Mother's Maiden Name)

Baptized: _____ Yes _____ No (An updated Baptismal Certificate is required for documentation in Parish Register.)

If yes, at what Church: _____

Address of Church: _____

Pastor's Name: _____

Marital Status: _____ Single _____ Married _____ Divorced

If married, name of church: _____

Address of church: _____

Date of Marriage: _____

Were either of the spouses previously married: _____ Yes _____ No

If so, did either of you have an annulment: _____ Yes _____ No

Sponsor (Godparent): _____

Confirmation Name Chosen: _____