

Sacred Heart Parish

23 Strathmore Lakes Way, Strathmore, AB T1P 1L7

Telephone: 403-934-2641 Email: sacredhc@shaw.ca

RCIA / Profession of Faith

Date: _____

Name: _____
First Middle Surname

Mailing Address: _____
Street

City Province Postal Code

Phone No.: _____ **Cell No.:** _____

Email: _____

Date of Birth: _____

Father's Name: _____
First Middle Surname

Mother's Name: _____
First Middle Surname

Mother's Maiden Name: _____

Father's Religion: _____ **Mother's Religion:** _____

Have you been Baptized? No Yes If Yes,

What denomination: _____

Name of Church: _____

Church Address: _____

Date of Baptism: _____

Officate: _____

Name Title

Have you been Confirmed? No Yes If Yes,

What denomination: _____

Name of Church: _____

Church Address: _____

Date of Confirmation: _____

Officate: _____

Name Title

Sacred Heart Parish

23 Strathmore Lakes Way, Strathmore, AB T1P 1L7
Telephone: 403-934-2641 Email: sacredhc@shaw.ca

RCIA / Profession of Faith

Have you ever been accepted as a catechumenate or a candidate in the Catholic Church, prior to now?

No	Yes	If Yes,	
When?	_____		
Where?	_____		

Are you married at the present time?

No	Yes	If Yes,	
Name of Church:	_____		
Church Address:	_____		

Date of Marriage:	_____		
Officiate:	_____		
	Name	Title	

Prior to this marriage, have you ever been married to another person either in the church, civilly or lived common-law?

No	Yes	If Yes,	In the Church	Civilly	Common-law
Name of Church:	_____				
Church Address:	_____				

Date of Marriage:	_____				
Officiate:	_____				
	Name	Title			

If former marriage was dissolved or declared null by the Catholic Church, please provide:

Name of Diocese:	_____		
Diocese File Number:	_____	Date of Decree	_____

Is former spouse deceased?

No	Yes	If Yes,	
Date of death:	_____		
Do you have a death certificate:	No	Yes	