



Rite of Christian Initiation for Adults (RCIA) Information Form

Basic Contact Information

Name: _____
First Last M.I. Maiden

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____
Home Cell

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

Marital Status: Single Cohabiting Engaged Married Separated Divorced Widowed

Sacramental Information

Baptism: Yes No Denomination: _____ Date: _____

Church Name City/State
 _____ Certificate Received: Yes No

Eucharist: Yes No Confirmation: Yes No (if yes to either, refer candidate to Adult Confirmation)

Marriage: Yes No Denomination: _____ Date: _____

Church Name City/State

Married before a Catholic Priest/Deacon? Yes No

Married in a Catholic Church? Yes No

First and only marriage for candidate? Yes No Faith of ex-spouse: _____

First and only marriage for spouse? Yes No Faith of spouse's ex-spouse: _____

Family Information

Name

Faith Background

Father: _____

Mother: _____

Maiden Name

Spouse: _____

Fiancé: _____

Children: _____

Interviewed by: _____ Date: _____