

Rite of Christian Initiation (R.C.I.A.)

(Please print clearly)

Given Names: _____
First Name Middle Name(s) Last Name

Spouse's Name: _____

Maiden Name: _____

Mailing Address: _____
Street City Province Postal Code

Home Phone Number: _____ **Work Phone Number:** _____

Date of Birth: _____ **Place of Birth:** _____

Father's Name: _____ **Religion:** _____

Mother's Name: _____ **Religion:** _____

HAVE YOU BEEN BAPTIZED? Yes No

If you have been baptized, please attach your baptismal certificate to this registration form

Date of Marriage: _____ **Name and Place of Church:** _____

Please describe your faith background:

Reason for interest in R.C.I.A. Process:

Sponsor Information: (Sponsor must be a practicing Catholic, 16 years or older).

Sponsor's Name: _____
First Name Middle Name(s) Last Name

Address: _____
Street City Province Postal Code

OFFICE USE:

DATE OF BAPTISM: _____

CONFIRMATION: _____

HOLY EUCHARIST: _____

RECORDED INTO REGISTER: