



Rite of Christian Initiation Of Adults (RCIA) Registration Form

Date _____

General Information

Title _____
Full First Name _____
Maiden Name _____
Full Middle Name _____
Full Last Name _____
Preferred Name _____

Street Address _____

City, ST Zip _____

Phone: Home _____ Cell? ____

Phone: Work _____ Cell? ____

Email Address _____

Date of Birth _____ Place of Birth _____

Occupation _____

Education: High School / GED _____
Some College _____
Bachelor's Degree _____
Graduate Degree _____
Professional Degree _____
Other (specify) _____

Have you participated in RCIA before? _____ If so, when and where?

Religious affiliation(s), if any, of your family during your first seventeen years:

Religious affiliation(s) after age seventeen: (Please, specify durations.)

Have you been baptized, with water and in the name of the Father and the Son and the Holy Spirit? _____ Yes _____ No

If you have been baptized (answered "Yes" above), please answer the following:

In what Christian tradition were you baptized? _____

Date of Baptism? _____

Church Name and location of Baptism? _____

Parents' Names (include mother's maiden name)? _____

Certificate available? _____ Yes _____ No

(If yes, please provide a copy.)

Marital Information

1. I am single and have never been married. _____

2. I am engaged, and will be married (date): _____

3. I am/have been married. _____

If you have ever been married, please answer the following:

a. Date of your marriage: _____

b. Church / location of marriage: _____

(i) Married by clergyman inside a church? _____

(ii) Married by clergyman outside church? _____

(iii) Married in civil ceremony (Justice of the Peace)? _____

c. Were either you or your spouse married before marrying each other?

_____ Yes _____ No

Note: If you and/or your spouse have been married more than once, you must make an appointment with our Pastor this week.

Church office phone number (appointments): 334-347-6751

Questions / concerns:

Sponsor's Name, if known _____