

RCIA
RITE OF CHRISTIAN INITIATION FOR ADULTS
CATHEDRAL OF CHRIST THE KING

Please fill out this form to allow us to know and better serve you (please print)

Information is held in confidence and is not shared without your permission.

Today's Date: _____

Name: First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Place of Birth (City, State, Country, if not USA): _____

Father's Name:* _____ Religion: _____

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

I. Contact Information

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (Daytime) _____ (Evening) _____

Cell Phone: _____ Occupation: _____

E-mail: (Home) (Other) _____

II. Religious History

1. What, if any, is your present religious affiliation? _____

2. Have you ever been baptized? Yes No I am not sure.

If you answered "Yes" please provide the following information:

(a) In what denomination were you baptized? _____

(b) Date or your approximate age when you were baptized: _____

(c) Place of Baptism (Name of church/denomination): _____

(d) City and State, if known; Country, if not USA: _____

(e) Address, if known: _____

3. If you were baptized as a Catholic, check those sacraments you have already received:

Penance (Confession) Eucharist (First Communion) Confirmation

(Continued on reverse side)

** Necessary for formal registry. We need mother's MAIDEN name. If you are unsure of any information, please provide it at a later time.*

Please describe your past involvement with other churches/faith communities:

III. Current Marital Status

1. I am single and I have never been married.
2. I am engaged to be married.
- (a) Your Fiancé(e)'s Name: _____
- (b) Your Fiancé(e)'s Current Religious Affiliation (if any): _____
- (c) For you: This is my first marriage. I have been married before.
- (d) For your Fiancé(e): This is his/her first marriage. My fiancé(e) has been married before.
- (e) Date of Proposed Marriage _____
3. I am married.
- (a) Your Spouse's Name: _____
- (b) Your Spouse's Current Religious Affiliation (if any): _____
- (c) Date of Marriage: _____
- (d) Place of Marriage: *(Name of Church)* _____
- (e) Performed by: *(Priest, Deacon, Rabbi, Minister, Civil official?)* _____
- (f) For you: This is my first marriage. I have been married before.
- (g) If you have been married before, was the previous marriage annulled? Yes No
If no, have you begun the annulment process? Yes No
- (h) For your spouse: This is my spouse's first marriage. My spouse has been married before.
- (i) If your spouse has been married before, was the previous marriage annulled? Yes No
If no, has your spouse begun the annulment process? Yes No
4. I am married, but separated from my spouse.
5. I am divorced and I have not remarried.
6. I am a widow/widower.

IV. Family Information

List the name(s) and ages of any children. (e.g. Daughter—Jane; Stepson—John.)

Next of Kin _____ Phone _____

Are you registered member at the Cathedral? Yes No

Do you have sponsor? _____ If Yes, Sponsor's Name _____

Sponsor's Phone _____ Sponsor's Email _____

How would you like to be contacted? By phone By e-mail I would prefer not to be contacted

Do you have any prayer requests at this time? _____