

# RCIA Registration Form

Name \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

Date of Birth (M-D-Y) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_  
First Middle Last

Mother's Name \_\_\_\_\_  
First Middle Last

Date of Baptism (M-D-Y) \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Address of Church \_\_\_\_\_

Godparents' Names \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried (if remarried, see p.2) \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Church of Marriage \_\_\_\_\_ Minister \_\_\_\_\_

Address of Church \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
First Maiden/Middle Last

Has Spouse Been Married Before? \_\_\_\_\_

Church Where Formerly Married \_\_\_\_\_

