

Church of St. Francis Xavier
Rite of Christian Initiation for Adults (RCIA) Registration Form

General Information

Name _____
First Middle Last

Address _____
Street City State Zip Code

Phone Number (____) (____) (____) Date of Birth _____
Home Work Cell

Email _____ Occupation _____

Marital Status

Please check ALL of the following that apply

Never Married _____ Currently Married _____ Divorced _____ Received Annulment _____

If married, what is your spouse's name? _____

When did you marry? _____ Is your spouse Catholic? Y / N
Month / Day / Year

Where were you married? _____
Name of Place City, State

Does your spouse have a previous marriage? Y / N

If not married, are you engaged? Y / N If yes, when do you plan to wed? _____
Month / Day / Year

Is your intended spouse Catholic? Y / N

Will it be a Catholic wedding? Y / N

Are you living together? Y / N

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Religious Background

How often do you attend Mass? (*circle one*) Never Seldom Occasionally Monthly Weekly

Have you been baptized? Y / N If yes, where? Church _____

City, State _____

Date _____

Are you Catholic? Y / N If yes, what is your parish? _____

Name

City, State

Are you a registered member at another parish? Y / N

If no, what is your religious background? _____

What interests you in joining the Catholic Church?
