

RCIA REGISTRATION FORM

(please print, if entry not applicable indicate)

Last Name: _____ **First Name:** _____

Maiden Name: _____

Address: Street: _____

City, State, Zip: _____

Home Phone #: _____ Work Phone #: _____

Place of Birth: _____

Date of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

What is your current religion?: _____

Baptism Date: _____

Church (?): _____ City, State, Zip: _____

Priest, Deacon, Minister: _____

Godparent (s): _____

First Holy Communion: _____

Confirmation Date: _____

Church: _____ City, State, Zip: _____

Sponsor (s): _____

Current Marriage Info: _____

Previous Marriage Info: _____

Wife Maiden Name: _____

Church: _____ City, State, Zip: _____

Officiated by: _____