

RCIA GENERAL INFORMATION SHEET

DATE

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____ CELL# _____

SEX MALE _____ FEMALE _____ E-MAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PRESENT RELIGION _____ BAPTIZED CEREMONY IF NOT CATHOLIC YES _____ NO _____

ARE YOU MARRIED YES _____ NO _____ DATE OF MARRIAGE _____

HOW MARRIED (CHURCH, JUSTICE OF THE PEACE, ETC.) _____

CITY/STATE OF MARRIAGE _____

PREVIOUS MARRIED YES _____ NO _____ DIVORCED YES _____ NO _____

ANNULLED YES _____ NO _____ IF SO YEAR _____ COHABITING YES _____ NO _____

***** PLEASE CIRCLE SACRAMENTS NEEDED *****

BAPTISM 1ST COMMUNION CONFIRMATION MARRIAGE MARRIAGE VALIDATION

OTHER _____

DATE (IF) BAPTIZED & NAME OF CHURCH/LOCATION OF CHURCH/ADDRESS/CITY/STATE/ZIP CODE/PHONE #
IF YOU HAVE RECEIVED ANY OF THE ABOVE SACRAMENTS

TUITION OF \$55.00 IS DUE ON THE 1ST DAY OF CLASS

PAID BY: CASH _____ CHECK NO _____ DATE _____
BAG # _____