

**RCIA Registration Form \_\_\_\_\_ Participant**  
(YEAR)

**Basic Information (please print neatly)**

Legal Name (first, middle,,last) \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Name you go by: \_\_\_\_\_ Gender (Circle One) Male Female

Primary Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Location: \_\_\_\_\_

Father's Legal Name: \_\_\_\_\_

Mother's Legal Name: \_\_\_\_\_  
(first, middle, maiden name)

**Sacramental Information**

Have you already received:

Baptism? No Yes If "Yes", then was it: Catholic? Protestant?

Name of Church \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_

First Communion? No Yes In Which Catholic Church? \_\_\_\_\_

Confirmation? No Yes In Which Catholic Church? \_\_\_\_\_

**Marital Information**

Are you married? No Yes Date: \_\_\_\_\_

Location: Catholic Church Other: \_\_\_\_\_

Have you or your spouse ever been divorced? No Yes

If you are not married, are you living with someone? No Yes

If yes, what is the relationship? \_\_\_\_\_

**Other**

Sponsor Name \_\_\_\_\_

Confirmation Saint Name \_\_\_\_\_