

Becoming Catholic..... R.C.I.A.

Rite of Christian Initiation of Adults

INITIAL INTERVIEW

Today's Date: _____ PHONE: HOME: _____

CELL: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

E-Mail Address: _____

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DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S MAIDEN NAME: _____ RELIGION: _____

PLEASE CHOOSE ONE: SINGLE _____ MARRIED _____ WIDOWED _____

SEPARATED _____ DIVORCED _____ REMARRIED _____

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Baptism: __ NO __ YES Place: _____ Date: _____

Eucharist: __ NO __ YES Place: _____ Date: _____

IF YOU HAVE BEEN BAPTIZED AND RECEIVED FIRST EUCHARIST, PLEASE PROVIDE CERTIFICATES

SPONSOR INFO Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

CONFIRMATION NAME: _____