

# Registration for Rite of Christian Initiation of Adults

Name: \_\_\_\_\_  
Full Name Please      Last      First      Middle      Maiden

Address: \_\_\_\_\_  
Street      City, State, Zip

Phone: \_\_\_\_\_  
Home      Work      Cell

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ (Attach Copy)

Place of Baptism: \_\_\_\_\_  
Church Name

Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
Last      First      Middle Name

Mother's Full Name: \_\_\_\_\_  
Last      First      Middle      Maiden

Church Attend: \_\_\_\_\_

Do you regularly attend Mass (every Sunday) \_\_\_\_\_

Do you attend Sunday Adult Religious Education Classes \_\_\_\_\_

Circle which one applies:    Married    Single    Separated    Divorced    Remarried

If married to a Catholic – were you married in the Presence of a Priest? \_\_\_\_\_

If your present marriage was not your First Marriage – did you have your First Marriage annulled? \_\_\_\_\_

Is this marriage Your Spouse's First Marriage? \_\_\_\_\_

If no – Was the First Marriage annulled? \_\_\_\_\_

What has prompted you to inquire into the Catholic Faith?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor Name: \_\_\_\_\_  
Somebody of the Catholic Faith who would assist you on your spiritual journey

Confirmation Name: \_\_\_\_\_